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A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

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ADDRESS

# THE ALKALOIDAL CLINIC

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any ten p'.y-icia: whose names and addresses accompany the article. Write on one side of the paper, and
every other line only; say what you mean to say and be
brief and plain.

QUESTIONS of probable interest to our readers will be answered in our Queries Department. We expect these to add much of value to our pages.

OUR AIM is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

ADDRESS AS ABOVE

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#### OUR SECRET OF SUCCESS.

The investigative mind has much to do with the position we attain in any sphere, but particularly so in the practice of medicine. If we are content to go on from month to month and from year to year along the lines laid down to us in college, magister dixit, we may be assured that we are at the toil-end of the procession. If, on the other hand, we are looking forward for better ways, and have the power to discriminate between the really valuable and that

which is of no value, then we may be in the front ranks. The opportunity presents to all, the result rests with the individual.

CLINIC readers are investigative. They fill our post-graduate schools and our society meetings, and are to be found well up to the front everywhere, for the men and women who have the progressive, investigative turn of mind that puts them there are just the ones that appreciate and take deep interest in the work we are doing.

Not many weeks since your editor was in one of Chicago's largest surgical clinics when a mention of his name elicited the pleasing fact that every man within reach was a CLINIC subscriber, and had gathered from Wyoming to Ohio to get "points" from Chicago's great opportunities.

A few days later a teacher in one of our post-graduate schools asked for a bunch of October Clinics to distribute to his class of sixteen, with a view to interesting them in it, when behold! seven of them were already subscribers and each was surprised that the Professor and the others knew of the Clinic, thinking perhaps that he alone had a monopoly of its good things.

So, we say, "CLINIC-readers are investigative." They not only read and prove the body of the journal but they read and prove its advertising pages as well. That is why live up-to-date advertisers stay with the CLINIC in increased and increasing space and emphatically avow that there is nothing like it—that it alone (so many of them say) pays better than all the others. We are glad it does, we want it to. CLINIC readers owe a duty to its advertising pages and we are glad to see them discharge it so well.

If we were not investigative, if the CLINIC did not pay, such astute business men as Frank S. Betz would not be using

blanket space, and the Bannings would not pay their good money for four pages in this issue—one for their usual display and three others in which to give the opening arguments of their book on "The Treatment of Spinal Curvature."

This merely illustrated the point taken. He who promptly embraces opportunity as it presents succeeds, he who ignores it fails. Let us all strive as the days go by to become stronger physicians, broader and better men. Let us be awake to every advancement in the lines of our work and be prompt to seize life's opportunities before they slip away, that the world may be blessed by our living.

#### INTESTINAL ANTISEPSIS.

Dr. I. J. Moyer, read a paper on Intestinal Antisepsis. The physiology of the gastrointestinal tract was reviewed. We aim to secure intestinal antisepsis in several ways, among which are flushing of the canal by purgatives and clysters, the administration of drugs possessing antiseptic properties, and the improvement of the condition of the intestinal mucosa. It is generally conceded that fluids injected into the colon rarely if ever pass beyond the ileocecal valve. In administering drugs intended to reach the intestine, it is desirable that they be insoluble in the gastric juice, such as salol, naphthalin, keratin coated pills, etc. Jacobi states, however that because substances are soluble in the stomach it does not prove that they do not reach the intestine. It is stated that it is not possible to give sufficient of an antiseptic agent to destroy organisms in the intestine, and that the feces are never completely sterilized by internal medication. Accepting these facts, we know that the intestinal wall when normal is not pervious to bacteria. Changes in structure permit bacteria to pass, causing autoinfection. The absorption of the products of bacterial life by the normal intestine has been proved to take place, and our chief object in administering antiseptic agents is to restrict as far as possible this autointoxication. There are many agents given for the purpose of improving the surface of the mucous

membrane itself, such as tannic and gallic acid, the various salts of bismuth, nitrate of silver, etc. The most reliable agent for the prevention of autointoxication seems to be charcoal, which acts by absorbing bacterial products. To be efficient it must be given in very large doses. In discussion, Dr. Thompson, mentioned a case of exophthalmic goiter that had improved very remarkably upon a capsule of salol, betanaphthol and bismuth salicylate. SIMPSON spoke of an amusing case in which a patient was said to have vomited a soapsuds enema, although intestinal obstruction existed. Dr. FISCHER related a case of tuberculosis which developed typhoid fever, while taking so-called antiseptic agents. Dr. WARD emphasized the importance of the subject of autointoxication. Nasal surgery is not resorted to as frequently as it formerly was since we know more of the remote effects of gastrointestinal disturbances. Intestinal indigestion is much more common than gastric. He mentioned the case of a man with hemoptysis, due to an ulcer of one of the bronchi, in which he believed the underlying cause to be autointoxication. Dr. SINGLEY described the case of a boy with a severe enterocolitis, which resembled general peritonitis following appendicitis. rapid pulse and high temperature were considered to be due to absorption of toxic products from the intestine. Dr. ELTERICH, -Do these antiseptic agents produce any unfavorable symptoms? Are they not afficardiac depressants with few exceptions? It would seem that the action of such drugs is somewhat vague. Free purgation is of greater value, while diet is most important. Dr. Simonton flushes out the alimentary tract with salines and then gives ten to twelve drops of strong nitrohydrochloric acid in a glass of water. DR. HECKEL agreed that charcoal was the best intestinal antiseptic. Closing the discussion Dr. Moy-ER stated that charcoal to be efficient must be given in doses of from one-half to one ounce daily; and that benzonaphthol was of considerable value.—Philadelphia Medical Journal.

Dr. Moyer repeats the old mistake, never more than a gratuitous assumption, that intestinal antiseptics must be insoluble. We have asked in vain for an explanation of how any such remedy can act without being dissolved, and no one answers. The state-

ment is contradicted by many thousands of clinical trials, by hundreds of physicians.

Another assumption is that complete sterilization is necessary. You don't have to kill every man in the enemy's army to win the battle.

The specialists seemed to have their eyes nearly open, far more than the others.

But the whole lot did not have enough knowledge of the subject to contradict the assertion that the best intestinal antiseptic was charcoal! Just fancy giving our patients an ounce of charcoal a day!

Many years ago we held an autopsy on a child who had taken charcoal for a prolonged period. The bowel was blocked completely with masses of the charcoal. As this substance is totally insoluble, it is easy to see how dangerous it may be when given in such doses as an ounce a day. The only possible action of charcoal lies in its power to absorb gases and possibly other noxious matters; and on the reproduction or other activities of micro-organisms, or on the processes going on in the mucous membrane of the alimentary canal, it has no effect whatever.

If this feeble means of combating the profoundly important disease-producing operations in the bowels be the best at the command of Dr. Moyer, we are very sorry for him, and still more for his patients; to whom our earnest advice is that they at once proceed to secure the services of a doctor.

# A MONTH'S WORK.

In preparing for this number of the CLINIC the editor has read twenty-four leading articles, of which less than a third are printed; five times as many letters as are presented in the Miscellaneous Department; over one hundred queries had been turned in for insertion up to the time the forms closed, besides many more that had been answered but were not considered available for publication; possibly three barrels of

exchanges gone over in quest of items for the Current Literature; a dozen books and pamphlets without number read and reviewed, etc.

From all the great mass of material sorted over, we select what we consider the most likely to be of value to our readers. This is no easy task. It is not so difficult for anyone to select what would be of the most value to himself, but the doctor who prescribed for his patients what he most liked himself would be a mighty poor doctor. And the editor whose life is spent in an environment of magazines and books must not forget that things very commonplace to him are unknown to the vast majority of his readers; although on the other hand every one of these will have experiences that never come to him, and knowledge he does not possess.

Probably every reader of the CLINIC sees in its pages matter that he himself knows so well that he cannot see why it is printed. But there are plenty of others to whom it is not so familiar, or by whom it has been for-We well remember seeing in a medical journal the recommendation, in cases of prolapse of the cord, to invert the woman and hold up the cord until the head had come so far down as to fill up the pelvis. It was not in the text-books when we were a student, and although we had frequently referred to the newer works on obstetrics, we had never come across that particular item. Nevertheless it was there, and many a good country doctor knew and practised the method, but the chance reading of it in a stray medical journal enabled us to save a valued life.

Is this new to anyone who reads these words? Are there any who have never before heard of the method? Are there any who have a better one?

Just insert a pin here—it is wise for the doctor to buy and read a complete new set of text-books every ten years, in addition to his indispensable journals.

Of the material selected for a single is-

sue of the CLINIC everything is carefully gone over and condensed. Whenever a word can be left out without loss it is ruthlessly cut. Many a flight of fancy, an ornate expression and unnecessary detail, fall before the merciless blue pencil. We wonder if many journals have as kindly, forbearing contributors as we have? We often wonder that they seem to appreciate so well the difficulties of the editor, who has so muc' that is too good to refuse, but only a third as many pages as his material requires. Think of compressing eight really interesting pages into as many lines! Nevertheless, care is taken to preserve everything that can make the case clearer, and even all expressions that are peculiar to the writer, for it is always the contributor and not the editor whose thought is presented. How much of Epstein, Shaller, Brodnax and the others would be lost if they were all made to speak in exactly the same way.

Then again the editor must not let his own special predilections have too much sway, nor allow the journal to become overrun with surgery, or microscopy, or rarities, or pathology, or sexual hygiene, or any other topic to the exclusion of others.

Did we hear some one say, add Intestinal Antisepsis to that list?

Well, that's another story. If we give a good deal of place to this, and to nuclein, calcium sulphide, glonoin the life-saver, calcium iodide, B. U. T., zinc phosphide, and a few others, it is because our experience as editor, physician and teacher, has convinced us that these are matters concerning which the bulk of the profession needs more enlightenment than on any others.

# THE LABORATORY.

Bless the laboratory! What did we ever do without it? At every step we are called on to exchange the old guess for the new certainty.

Mr. Jones has had some irritability of the bladder, with hemorrhoids. Is the bladder irritated by the rectal disturbance? The chemist tells me the urine contains pus. It is therefore a case of cystitis, and needs salol and arbutin, besides the hyoscyamine to soothe the irritation.

Mr. Boy wants to marry, and the lady does not say nay. But he has had gonorrhea once upon a time, and with a fore-thought unfortunately rare, he desires to be sure he has a right to marry, and can do so without exposing the bride to the dangers of a life-long invalidism, with a surgical wind-up. The microscope reveals the presence of gonococci, and he must tarry a season with calcium sulphide and europhenaristol-petrolatum.

The pneumonia that don't get well, turns out to be tuberculous; the obstinate dyspepsia has nephritis behind it; the irritable bowel is tuberculosis; the suspicious growth is a sarcoma; the vesical tenesmus is caused by oxalate crystals; the mysterious febrile affection is typhoid; the queer spells the child suffers from are malarial; and the utterly anomalous cases are dependent on deficient elimination by the kidneys.

Don't shoot at something that moves in the woods, and bring down a brother sportsman, but be sure you know what you are shooting at, and then train your unerring rifle on it.

#### IS BILE A GERMICIDE?

One of the most deeply rooted convictions in the human mind is that calomel is after all the best of intestinal antiseptics. This is simply an endeavor to shift the old fondness for the drug over to the new pathology; to continue the old therapy with the newer theory as to its action.

If calomel is a germicide it is one because it is converted into corrosive sublimate, or because it excites in the alimentary canal a flow of germicidal fluid, presumably the bile. That the former is not the case is evident in that none of the advocates of calomel medication substitute the corrosive for the mild chloride; the action of the two is by no means identical, or even similar, and the human subject could not safely take a single dose of calomel as it is generally given, were it converted into sublimate. A single grain of the latter would do irreparable damage. While corrosive sublimate has been administered with some benefit as an antiseptic, its toxic co-efficient is too high as compared with its germicidal equivalent to permit its general employment in this way.

There remains, therefore, the indirect germicidal theory, calomel stimulating the production of the glandular secretions poured into the alimentary canal, especially the bile. But is the bile itself germicidal? It seems to be universally taken for granted that this is the case, without much question. Fuetterer recently published a suggestive paper giving his reasons for believing that relapses from typhoid fever are due to reinfection with typhoid bacilli descending into the bowel from the gall-bladder with the bile.

In the Johns Hopkins Hospital Bulletin Cushing details some notable observations upon the origin of gall-bladder infections. He considers the infection of the gall-bladder as occurring through the medium of the blood, and not as due to bacilli ascending the bile-current from the duodenum. "Bile itself is a favorable culture medium for most organisms, and it is surprising that ordinary bile should ordinarily be sterile, when micro-organisms are in all probability frequently being passed out with it through the liver. In 42 cases Letienne found staphylococcus albus present in thirteen, bacillus coli commune in thirteen, non-liquefying staphylococcus in three, staphylococcus pyogenes citreus and aureus, bacillus typhosus, pneumococcus, etc., in one each. cases contained one sort only, seventeen were polymicrobic, eighteen sterile."

Typhoidal lesions open the door to other organisms also. The bacillus coli commune and others acquire increased virulence in the presence of the products of ty-

phoid. The colon bacillus more frequently causes post-typhoidal gall-stones than the typhoid bacillus itself. The bile of typhoid patients shares with the blood-serum the power of agglutinating bacillus coli, but it has not yet been shown that these clumps act as nuclei for the deposit of the bile salts. But Gilbert and Fournier inoculated the gall-bladder with cultures of colon or typhoid, attenuated by heat, and some months later found there calculi, from whose centers they recovered the original organisms.

#### BEWARE OF ACONITINE.

Bartholow says it is too dangerous to use! Is it?

CLINIC readers have used more than TWENTY MILLIONS of granules and tablets containing aconitine amorphous.

Where are the fatalities?

Let the man who knows of them step forward and report.

# URIC ACID IN EPILEPSY.

In Medicine Dr. Brower treats of new pathology of epilepsy based on Haig's discovery of the absence of uric acid from the urine preceding the Krainsky confirms Haig's statement, and asserts that epileptic paroxysms will not occur when 0.6 to 0.8 gramme of uric acid is excreted daily. If the output falls below 0.45 a fit is to be expected on the third day. He also showed the dependence of epilepsy on toxemia. Blood drawn from a patient in status epilepticus and injected into a rabbit produced violent fits. After the seizure blood drawn from the same patient produced no effect when injected into the same rabbit.

He does not seem to have asked himself if the rabbit had been rendered immune, or to have tried the serum on another animal, or to have tried serum from another patient on the same rabbit.

In seeking to identify the toxic agent

Krainsky concluded that it was not uric acid but ammonium carbamate. Carbamic acid, CONH2OH, is carbonic acid in which NH2 replaces OH, and is a transition product in albumen metamorphosis. Ammonium carbamate is formed, produces the fit, and is decomposed into urea and water. How and where?

Bromides decompose the toxin, taking the ammonium and forming harmless carbamates of soda and potash. This drops ammonium bromide from the list of remedies for epilepsy. The bromides do not cure, because they do not prevent the formation of the toxin.

This clears the ground considerably. It leaves as the principal indication in the treatment of epilepsy, the exclusion of nitrogenous foods from the diet, cutting off sugar at the same time, that nitrogenous metabolism may be more thorough. Purgatives and gastro-intestinal antiseptics should also be employed. We must not overlook muscle training to equalize circulation and promote tissue metamorphosis. An occasional convulsion is preferable to bromidizing.

# DR. MOYER.

Dr. Harold Moyer was the prominent figure at the October meeting of the Mississippi Valley Medical Association in Chicago. On every side were heard encomiums on his ability and tact as a presiding officer, and other evidences of his popularity. His selection as President seemed to be a spontaneous tribute to his engaging personal qualities.

# DRUG ASSAYING.

Some very interesting reading is to be found in a paper by B. E. Nelson, in the Druggist's Circular, on the subject of "Drug-Assaying." The writer shows the variability of the crude drugs in a way to make a man uneasy whenever he orders a dose strong enough to exert a physiological ef-

fect. Nux vomica varied from 1.132 to 2.518 per cent of total alkaloids, the standard being 1.500; aconite varied from 0.183 to 1,285, standard 0.500; and so on. But he also showed that the tests do not agree. For instance, an assay of aconite showed a strength of 0.321, while the physiological test was 1-600. Another sample assayed four times as much alkaloid, or 1.285, while the physiological test was only 1-700. A third gave 0.477 alkaloid and 1-700 physiological test. The author, however, prefers the physiological test, which shows what difficulties the galenics entail.

Hyoscyamus varied in total alkaloids from 0.052 to 0.242, and yet this did not take in account the varying proportions of its antagonistic alkaloids.

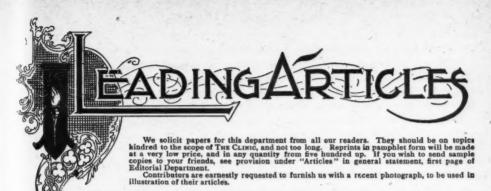
Better use just what you want, in just the dose needed, and know where you are at, than trust to so many chances, not under your control.

# THE PASSING OF A FRIEND.

Among the numerous friends whom the many virtues of the late Dr. J. T. Wade, of Arlington, Nebr., had attached to him, the Editor of The Alkaloidal Clinic desires to be known as one. No one, and let him have half a world for his friends, but will mourn the passing of a friend. And when our labors for one another are stopped by the Master's call to one of us to rest, we that remain can only call after the passing one: Peace be unto thee!—Ed. A.

#### BACILLUS ENTERITIDIS SPOROGENES.

Gehrmann has found this micro-organism in the sewage of the Chicago river, but not in the water supplied to the city, even at times when bacillus coli communis was abundant. Nor could Klein's bacillus be found in the city milk. Gehrmann concludes that the bacillus loses its virulence by attenuation.



# ELECTRICITY AS AN ANTISEPTIC.

By Prof. H. P. Pratt, M. D.

Prof. of Electro-Therapeutics, Harvey Medical College; Bennett Medical College; National Medical College, Chicago.

F OR the past two years I have been requested to write an article on the antiseptic qualities of electricity, with scientific reasons for same.

It must not be forgotten that whenever electrical force is displayed or made manifest in connection with the human body or in any solution, electrolysis ensues. Starting with the hypothesis that electricity is a persistent force which is a part of the atomic structure of matter, said force is constant, without variance, and is the vital force so far as the seventy-odd elements now discovered are concerned, each element is endowed at all times with a constant electrical pull. Its presence is made known to the senses by the attracting and repelling phenomena, each element bearing a definite relation one with the other, in proportion to their electrical pull and rate of oscillation or harmonic condition (better known as the combining power). This constancy of electrical pull, which is the vital part of the elements associated with a definite rate of oscillation, gives to us the various forms of matter, known as compounds.

This harmonic condition constitutes the law of octaves, which are composed of seven unequal vibrations arranged at mathematical distances apart. For example: Commencing with the key-note of C, represented by 264 vibrations, 9-8 of C, or 297

vibrations, is the key-note of D; 5-4 of C or 330 vibrations is the key-note of E; 4-3 of C or 352 vibrations is the key-note of F; 3-2 of C or 396 vibrations is the key-note of G; 5-3 of C or 440 vibrations is the key-note of A; 15-8 of C or 495, key-note of B. Double the number of vibrations of C, we have the beginning of another octave.

In chemistry we are taught that there are seven valencies or combining powers known as the Monad, Diad, Triad, Tetrad, Pentad, Hexad, Heptad, corresponding with the C, D, E, F, G, A and B, of the octave.

The spectroscope gives us the seven primary colors, the red, orange, yellow, green, blue, indigo, violet, all arranged at a mathematical distance apart and corresponding to the seven notes comprising the octave. Muller claims the whole length of the solar spectrum is about four octaves. Each element has a different key-note represented by a color.

Berzelius' Final Series stands thus:

Electro Negative-

Oxygen.
Sulphur
Selenium Antimony
Nitrogen
Fluorine Tantalum
Chlorine Silicon
Iodine Hydrogen
Phospborus Gold
Arsenic Chromium
Vanadium
Molybdenum
Molybdenum
Palladium
Palladium

Mercury
Silver
Copper
Bismuth
Tin
Lead
Cadmium
Cobalt
Nickel
Iron
Zinc
Manganese
Uranium

Cerium

Thorium
Zirconium
Aluminum
Didymium
Lan hanum
Yttrium
Glucinum
Magnesium
Calcium
Strontjum
Barium
Lithium
Sedium

Potassium

-Electro-Positive.

By referring to Berzelius' Electro-Chemical Series, we find he classifies 56 elements in relation to their electrical pull. Note the relation between all of these different elements. The two extremes will separate any of the intervening elements when they are arranged in compound. Note the relation in the list between hydrogen, the electropositive element, and SO4, the electro-negative radical of the sulphuric acid molecule; formula H2SO4. Compare them with zinc which is stronger electro-positive than hydrogen; now imagine that every one of these seventy-odd elements has a definite and constant pull, or in other words, imagine that the oxygen and sulphur, the electro-negative radical on one hand, represent a very powerful woman, and that zinc, an electro-positive on the other hand, a powerful man; more powerful than hydrogen but not so powerful as sodium or potassium.

The intervening elements are weaker in proportion to their electrical pull, as indicated by their position in the list; every schoolboy knows that the positive end of a magnet will repel the positive end of a compass needle, but attract its negative; and the negative end of the magnet will repel the negative end of the needle but attract its opposite. The same thing takes place in the molecule of sulphuric acid (H2SO<sub>4</sub>). The hydrogen is the electro-positive, the sulphur and the oxygen electro-negative. You observe the attraction or electrical pull between hydrogen, sulphur and oxygen. Why it requires two parts of hydrogen, one part of sulphur and four parts of oxygen, to form a molecule of sulphuric acid, is due to its harmonic condition plus the electrical pull. We no longer speak of a chemical compound but say that certain elements are associated with one another forming a compound; in other words the hydrogen, sulphur and oxygen are associated in proportion of 2:1:4, forming a molecule of sulphuric acid.

If we introduce an atom of the element zinc, which is more strongly positive than

the hydrogen, to the molecule of sulphuric acid, what takes place? Immediately there is a disassociation of the atoms composing the molecule of sulphuric acid, like the positive pole of a magnet repelling the positive end of a compass needle; so does the zinc which is more strongly electro-positive than hydrogen, repel the hydrogen, and associating itself with the sulphur and oxygen, the electro-negative radical, form a molecule of zinc sulphate. This, as well as all changes produced by aid of electrical energy in solution, we call electrolytic, and the process electrolysis; so that electrolysis is the disassociation of the elements of a compound by the aid of electrical energy. When a direct current is applied to the body electrolysis ensues, producing a continual disassociation and an association of the elements composing the body as long as the current is applied.

The stronger the current the greater number of ions evolved and vice versa. Ions are products of electrolysis. Those evolved at the anode or positive pole are termed anions, and those evolved at the cathode or negative pole are termed cations. During the process of electrolysis there is a disassociation and an association of the elements composing the body, along the lines of force.

There are two distinct forms of reaction produced, found in the polar and interpolar regions. The polar region is the region of the body that comes in contact with the poles or electrodes; the interpolar region, the region between the poles.

When the direct current is applied to the body, immediately electrolysis takes place, driving all the electro-positive elements or ions along the lines of force away from the positive pole or anode, to the cathode, and all of the electro-negative elements or ions away from the negative pole or cathode to the anode; in other words, all of the electro-positive elements are repelled from the anode but attracted to the cathode, and all the electro-negative elements are repelled

from the cathode but attracted to the anode.

Take sodium chloride, formula NaCl, and water, formula H2O; the chlorine and the oxygen being the electro-negative are repelled from the negative pole but attracted to the positive. The hydrogen atoms of the solution being electro-positive are repelled from the positive pole but attracted to the The accumulation of the ions negative. at the negative pole or cathode called cations have an alkaline reaction, while the anions are of acid reaction. The two poles are sometimes known as the alkali and acid poles, and if the current is sufficiently strong to produce vesication, the effect of the local cautery at the negative is similar to that of an alkali (caustic potash), and the one at the anode similar to that of an acid (hydrochloric acid.)

When an electrical current is applied to the human body it renders every portion of the body over which the lines of force pass (in the interpolar regions) aseptic. current is antiseptic by virtue of the generation of ozone in the body, due to electrolysis. Ozone is the most powerful germicide known, and the integrity of the whole body is due to its presence (ozone is of neutral reaction). A sufficient amount of ozone in the human system will destroy all pathogenic microbes. In the polar regions we have two forms of action, which are purely local, having a varied effect on the pathogenic microbes. We find forms of microbes that will thrive in an acid medium but will be destroyed in an alkaline medium, and vice versa. Any form of microbes that can be destroyed by aid of an acid can be destroyed with the positive pole of a galvanic battery; and those that require an alkali will succumb to the negative pole. Remember that the acid radical accumulates at the positive pole, and the alkaline radical at the negative.

The physiological effects of the anode and cathode on the tissues of the body are diametrically opposite. For instance: The ions found at the anode have an acid reaction, those at the cathode are alkaline. At the anode the circulation is diminished, at the cathode it is increased. At the anode the tissues are dehydrated. At the cathode they are hydrated. At both poles albumen is coagulated, at the cathode slightly, at the anode to an extreme degree. In the anode we have an acid cautery, in the cathode an alkaline one. The acids accumulating at the anode will destroy a large number of varieties of pathogenic microbes, while the alkalies accumulating at the cathode will destroy the rest.

An infected wound can be treated successfully by use of the direct current. What pole should be used as the active one must be determined by the nature of the infection. Erysipelas can be treated successfully by using the anode over the inflamed parts. It not only prevents the disease spreading, but when properly applied will destroy the bacilli with its acid cautery, at the same time dehydrating the tissues. Constitutional treatment should be given at the same time. Boils, carbuncles and abscesses can be treated and even aborted by the use of the anode, or ripened by the use of the cathode.

I have in mind a patient having a large indolent varicose ulcer, which baffled the skill of several of our best surgeons for over eight years. At no time had it healed. The vein was removed and they practised skingrafting. This was seven years ago. The case was finally referred to me as the last resort by one of our local surgeons. The ulcer was healed in six months. This was over two years ago. I examined it a few days ago, and the indications are that it is permanent.

The treatment was the use of cathodal cauterization over the ulcer daily, with frequent curettments. It was dressed with Nosophen powder and gauze, because it is nonirritating and nontoxic, and the best of antiseptics. Since that time I have healed quite a number of such ulcers. I am satisfied that all ulcers of this description can

be healed if the surgeon follows the same line of treatment. Here I mention a word of caution: whenever the cathode is used as a local cautery it leaves a very fine absorbing surface, so any dressing used must be antiseptic and nontoxic. That is why I use Nosophen.

Chicago, Ill.

## THE DAME'S MASTERY OVER DEATH.

By Fordyce H. Benedict, M. D.

In Flanders, in the days of old, Near river's bank, I have been told There dwelt an ancient dame whose name Was Misery-old, decrepit, lame, Who begged from door to door, and led By hempen string, a quadruped— Her only friend in time of need— A mastiff of a noble breed. The only wealth this dame possess'd Was in a pear tree called the best That e'er grew fruit since Adam's time, Or thrived in Eden's sunny clime. It stood within th' enclosure wall. And urchins waited for the fall Of ripened fruit with eager eyes, And deftly stole the juicy prize. One winter's night, when all around The cottage far and near, the ground Was buried deep in drifts of snow, And fierce winds bent the tree tops low, And hurled the sleet in whirling drift 'Gainst roof and window-pane in swift Sharp gusts, poor Misery heard a shout Borne on the winter's blast without. And soon she heard without the door A knock, and feeble voice implore Admission from the storm and cold; "For love of God do not withhold Me shelter from the chilling blast." Then Mis'ry, answering him at last Said, "Whatso'er thine errand be, I'll give admission unto thee. The stranger entering, shook the snow From off his cloak, then bending low Obeisance made, and thanked the dame In well turned phrases that became His stately bearing well, and then, As if to please the dame, again As it to please the dame, again
Made low obeisance, and soon took
A seat within the ingle-nook.
The stranger being warmed and fed,
Turned quickly to the dame and said
"My mission is fulfilled—my name
Is called St. Wonan." Then the dame Is called St. Wohan. Then the dame Fell on her knees and bending low Cried out, "Oh, Patron Saint! I know What sent thee here to-night. My prayers Have brought an angel unawares."
"It may be so," St. Wonan said,
"But whether chance or prayers hath led,
Thy recompense shall be the same; My father sent me forth, good dame, To see if charity was known,

Or if this Christian virtue shone Within the hearts of those who claim My blessing in that virtue's name. And though I've traveled Flanders o'er, And knocked at burgomaster's door, Not one would give me entrance there, And thou alone, good dame, didst care To give me shelter, food and drink. Now for this kindness dost thou think I'll not give blessings for the deed? Ask then whate'er thy heart may need." The dame bethought her, then she said "The only boon I crave at all-I have within the enclosure wall A pear tree, which at fruitage time The thieving urchins often climb And pluck the fruit; my boon shall be That whoso'er ascends the tree Shall not come down without my leave. In giving this I shall receive The only gift my heart can ask. To grant me this shall be thy task."
St. Wonan smiled at Misery's thought,
But gladly granted what she sought, And then departed on his way, A wiser saint for many a day.

The thieving urchins saw one day The dog and mistress go away, And then bethought them, unawares They'd climb the tree and steal the pears. They filled their pockets well and then Tried to descend the tree again, But were astonished much to find The pear tree held them still behind. The dame returning home that day Heard cries for help as in dismay And wondering whence the noise could be, Soon guessed the cause was in the tree. The rogues espying Mis'ry come, Cried out in lustier tones each one. Chiding the thieving rascals then, She asked if they would ne'er again Come near her door, if she would free Them from the enchantment of the tree. They promised quickly and then all Fell down as ripened fruit would fall. The days went by in quiet rest, No boy marauders dared molest, The dame no sorrows ever knew, The years passed by, she older grew Till walking in her grounds one day, She heard her voice called far away, And list'ning, soon she heard again, And footsteps followed after then. And soon she saw before her stand An aged man, with scythe in hand, And by his old and wrinkled brow, She knew 'twas Death before her now.
"O man of God, dost bring ill luck?"
Death answ'ring said, "Thine hour hath struck; Prepare to follow after me, Haste then! I cannot wait for thee." Poor Mis'ry stood in doubt and fear; And then as Death advanc'd more near She said, "I pray ascend that tree And pluck a pear or two for me. Death nothing loth, complied, and then Sought to descend the tree again. And then he tried with all his strength To leave the tree, he found at length His efforts proved to bé in vainThe tree caught hold of him again. Then Mis'ry seeing Death's mishap, Resolved to leave um in the trap, And turning said, to his surprise, "I'm in no haste for Paradise." A year passed by—no deaths occurred-The like of which was never heard Since time began; men marvel'd much. The sick were all restored; no touch Of pestilential breath e'er came To bring diseases in its train; So men grew boastful, came and went, Ate, drank and revel'd, self-content. The doctors soo became dismayed. Men sought no more mysterious aid Of drugs compounded by their art: Their words of wisdom formed a part For jests and jeers, in endless ways, From those who oft in other days Had swallowed down their drugs and pills As antidote for human ills. Years passed in rapid flight along. The world re-echoed joy and song
And feasts and revels—endless mirth
Reigned God-supreme through all the earth. Men planned to live for endless years. No painful, loathsome death, or fears Of death they knew or dreamed— Immortal as the gods they seemed. But now a direful change; the boon Which men had grasped at all too soon Became a curse of hideous mien. Misery in endless forms was seen. Old men and women, gaunt and grim, With sunken cheeks and eye-balls dim, Stricken with ills that age had brought, Devoid of sense, taste, smell or thought, Sightless and deaf they linger still. No joy, no hope can ever thrill Their hearts again. In every breath They wish and long and hope for death.

Men, sought a cure for life in vain.

They rushed to arms, but none were slain;

No subtle drug could e'er instil

A power to break the charm or kill. Doctors and sages sought to find With wondrous art and skill combined A means to end the futile strife, And thus secure the death of life. And what of Mis'ry whom we knew? She lived the same and older grew. The blessings which in Charity's name The saint invoked, remained the same. The touch of time and years ne'er pressed So rudely but she still possessed A wish to live-and so it came Death hung within the tree the same. In Conde—so this legend old Relates the story, I've been told-There lived a certain doctor, sage And old, whose wisdom in this age Was much revered; and, as one day This learned doctor chanced to stray Near where poor Mis'ry's garden laid. He heard a cry as if for aid, And quickly lifting up his eyes Exclaimed in wonder and surprise "Quid agis in hac pyro perched?
For thee Death, we've vainly searched."
And Death replied. "Assist me then To leave this tree, and ne'er again Shall suff'ring man my aid implore."

The doctor tried, but as before, He still remained within the tree No means were found to set him free. Doctor and Death, who oft before Had wrestled in the days of yore, Made such ado that Mis'ry came, And when she saw the hapless twain Inquired the cause; Death answering said, 'For years, O dame, since thou wast led To hold me here within this tree Mankind have longed and wished for me. Whate'er thy magic power to hold, Whatever Patron Saint hath told Or given or pledged of power to thee Whoe'er this Patron Saint may be, I pray thee let him now be named, And thus my freedom be obtained." The dame replying, said that she Would disenchant him of the tree, If pledoe were given that never more Would he come near her, as before. Death promised, and at Mis'ry's call Fell down as o'er-ripe fruit would fall. Death reigned supreme for many a day, No power opposed, or sought to stav His conquering course; where'er he led The graves again received their dead. And earth, which long had wished and sought To find relief from ills that brought But direful suff'ring through the boon Of life prolonged, now gladdened soon. Order and law again were known, For death had come to claim his own.

This, then, the end—the means divine—That life and usefulness combine.

If time and years impair the mind,
'Tis better far to die resigned,
That life may spring from death of old,
And bring us blessings manifold.

—Weedsport, N. Y.

# VITALITY AND ITS RELATION TO ALKA-LOIDAL AND NUCLEIN MEDICATION.

By E. M. Epstein, A. M., M. D.

À S a word, vitality is an abstract noun from the adjective vital, and this again is formed from the noun vita, "Life." But

we do not know what life is, any more than we know what light and electricity are, yet of whose uses and wants we know much, for what Goethe sang is yet true:

E. M. EPSTEIN.

"Mysterious in the light of day,
Will nature not be robbed of her veil,
And what unto thy spirit she reveal not may
Thy lever there, and press and screw will
not prevail."

We know life from its manifestations, or better, we denominate certain manifestations Life.

The manifestations are characterized by motion, visible or invisible to the unarmed senses. I do not refer to the so-called universal vibratility of nature. This may depend upon the polarity of the ultimate particles of matter. I guard myself against being misunderstood by giving my credo, that while all life is motion, vet not all motion is life; for there is motion in death also, whether the death that follows life, or that of non-living matter that never Still further let me limit was alive. here the question of vitality, by eliminating from it at present the question as to a personal entity of life. I desire to confine my question here to this: What is it that lives in the human body?

In every living tissue there is also dead tissue. The truth of the matter can be best stated, I think, in the following paradox only: We live every moment because we die every moment, and were we to cease dying at any moment we would be dead. Every organic being, vegetable or animal, is constituted a laboratory which is kept working by absorbing unliving matter. We know of no metabolism that is not composed of anabolism and katabolism. We know of no life without death, as the present laboratory of living beings is constituted. Matter is the arena where life and death manifest themselves, though it is not the basis of both.

To impress what has been said here still further upon our minds, let us think of a transcendental ideal of life. This would be, I think, where the unliving matter ingested by the living organism, after becoming anabolically vitalized, would part of it be utilized for the maintenance of the organism, and the rest of the vitalized matter utilized in a discharge of progeny. But this evidently could not be realized in a state of separated sexes, as at present, for ingestion and progenation would have to be carried

on in one and the same organ. In an androgynic state progenation might be effected by segmentation. But in the present state of separated sexes progenation and death reciprocally condition and necessitate each other. We beget because we die, and we die because we beget, just as the life of the body tissues is conditioned upon a metabolism which is composed of an anabolism and a katabolism.

What, then, is living in the living tissues? Ever since Schwann at the beginning of this century gave us the knowledge of the cell, the minds who love knowledge not only for "what it is good for," but for the "any good that it shows" in itself, minds that love knowledge for its own and not for their own sakes, have never ceased in the study of this unit of organic life. Improved chemistry aided much in the study, but could not answer directly the question as to what is living in the cell, for chemistry deals with that which is dead, and the knowledge which it imparts is necessarily by indirect inference.

The improved microscope gives us more direct knowledge of what is living in the cell. It reveals to us the living movements of the cell contents. The matter which is thus moving Purkinje (1840) and Von Mohl (1844) denominated protoplasm, meaning the first molding material. The Illustrated Encyclopedic Medical Dictionary defines protoplasm thus: "The complex jelly-like proteid living substance of animals and plants, which, in its undifferentiated stage, is capable of nutrition, growth, movement and reproduction.

"Protoplasm usually occurs in minute, more or less distinct masses, called cells, and by becoming specially differentiated in structure, gives rise to a specialization of function whereby the original homogeneous protoplasm is capable of performing all the varied functions of the most highly organized animals and plants. In its youngest or formative period protoplasm is of a homogeneous structure, filar or reticular ar-

rangement, and a semi-fluid, homegeneous matrix, the paraplasma. According to Heitzman and Elsberg, the protoplasmic fibrils forming the reticula of neighboring cells are interconnected, so that there are no independent cells or plastids except the wandering cells, and those of the blood and lymph."

It is gratifying that the doctrine of vitality is now acknowledged by the sobered minds of scientific men, and that we are now in an era of "The Passing of Materialism," as Dr. Geo. M. Gould finely declared in his eloquent and so entitled essay before the late Columbus meeting of the American Medical Association. But materialism, like all other infatuating doctrines, dies hard and slowly, not inch by inch but decimillimeter-wise. The puerile stuff of Ludwig Buecher's Kraft und Stoff, and the delusive vision of John Tyndall, who "saw in matter the promise and potency of life," is yet lingering and hindering the truth of life from coming to its rights. I think I see it in the greater prevalence of the term protoplasm, and the less frequently met term bioplasm, and yet the latter is more nearly the true one.

Protoplasm according to the late, perhaps the latest, definition given above, comprises both living and devitalized matter, for it speaks of nutrition, growth and reproduction, all of which must be effected not only by the vitalization but also by the devitalization of the matter ingested by the organism; and it would certainly be improper to call effete debris plasma, still more so to call it protoplasma.

A question may arise here, whether the absorbents carry off the surplus of vitalized matter only, or of devitalized matter, also at the same time. This is a question of interest, not only in physiology but in practice too. But the discussion of this would divert too much from my main question here, which is: What is living in the living tissues? The ideas compressed in the word "protoplasm" do not answer this question

satisfactorily, for the only points in the above given definition against which no objections lie, are "undifferentiated stage," and "movement," while the rest of the points are unsatisfactory. More satisfactory is the word bioplasm, which the Illustrated Encyclopedic Medical Dictionary, subverbo, defines thus: "Beale's term for living, forming, growing, self-producing matter, as distinguished from matter in every other state or condition whatever."

With the exception of the clause "selfproducing," which is apt to mislead, the rest is fairly correct. Bioplasm does not produce itself, but produces its like from that which is not like it, and so multiplies itself.

Let me give the reader some excerpts from Beale's pamphlet: "Vitality; an appeal, an apology, and a challenge," London, 1898.-P. 3: "It is now more than forty years since the results of many observations with high magnifying powers and experiments led me to conclude that every living thing, and everything that had lived in time past, was absolutely dependent for existence upon the operation of vitality-a power manifested by living matter only, and restricted to organisms in or upon the earth or water, or in the lower strata of the air." P. 4: "I referred to its powers of growtn, multiplication, and action. \* \* \* \* I claimed that in all cases vital action was due to these powers, distinct from all ordinary forces and properties of ordinary matter, and capable of overcoming these and preventing, for the time being, their operation." "P. 10: "If we study but a small particle of the growing tissues, in properly prepared microscopical specimens, we shall find millions of minute bioplasts among the tissues formed during growth - the vital phenomena and tissue formation and action proceeding with great regularity during the whole period; not only so, but evidences of anticipation of a future condition, of preparation for further growth and arrangement of tissues. Thus the complete development and action of the several tissues and their continued healthy action are provided for during youth, adolescence, maturity, old age, decrepitude, up to deathone stage so gradually passing into the next that healthy individuals are scarcely aware of the occurrence of any change at all." P. II: "The longing on our part to find out exactly how the several parts and organs of a complex organism are formed, and precisely how they act, and what work they do ,is certain to lead to real advance of hygiene, psychical knowledge and medicine. I fear it will be some time before a clear and accurate account will be given and generally accepted of what goes on at the moment when a molecule of non-living matter receives its vital endowment. Indeed, I doubt whether any student of any department of living nature, can acquire from our best works on physiology a definite notion of the ordinary processes, which are necessary to his existence from moment to moment, and to that of every living particle in the life world."

P. 26: "We are certainly able to distinguish the living matter which forms tissue from the tissue itself, which has been formed by it, and we have succeeded in proving that tissue does not add tissue to that which already exists. Tissue never forms tissue." And here comes an expression which is painful to read, painful to quote, painful to contemplate, that these ideas of such a scientific man as Beale, who whatever he says he has demonstrated ad oculos, and teaches every man how to demonstrate it again, should so long have been neglected by men who sit in the seats of the sciences. Is it so because of the yet lingering incubus of that all flattening, deadening materialism which dies so hard, so long? Quien sabe? "Who knows?" "Many of the conclusions which I have been compelled to adopt from actual observations have been so little considered that, interested as I am in the question, it would have been long ago almost a relief to have been judged wrong, and to have found that the doctrine according to which all things living are but machines, had proved to be correct." But, p. 27: "If we allow our judgment to be swayed by reason we can no longer accept the dictum that the living and the non-living are one. \* \* \* Nay, will it not ere long be generally admitted that in the whole living world, vitality, during the short time that it influences given particles of matter, reigns supreme, and transcends, guides and governs forces, properties and tendencies, which dominate the material world?"

On pp. 46, 47, Beale sums up his ideas in short sentences which I will enumerate:

- "(t) Every complex living organism consists of living matter or bioplasm, and of formed material or tissue, and other formed matters.
- "(2) Every kind of structureless, colorless living matter in nature is associated with a large proportion of water. In the absence of water life exists not.
- "(3) The living matter in the fully formed organism is inconspicuous, and in specimens prepared by some methods is not seen at all.
- "(4) Every particle that lives consists of: (a) living matter, (b) matter that has lived; and (c) matter which is about to live—matter to be taken up by the living matter.
- "(5) All growth, all formation, all structure and action, depend upon living matter.
- "(6) Vital power is imparted to nonliving matter only when it is infinitely near matter that lives, and does not appear to exert any influence upon matter separated (even) only by the very slightest space.
- "(7) The nutrient substances dissolved in a large proportion of water seem to pass into the very centers of the particles of living matter where certain of the constituents are caused to live.
- "(8) Bioplasm, or living matter, invariably proceeds from bioplasm that existed already.
  - "(9) Bioplasm cannot, as far as is

known, come from the non-living, and there is no gradual change from one state to the other.

"(10) All vital phenomena are absolutely different from any physical phenomena.

"(11) Bioplasm cannot be produced artificially.

"(12) In all living matter, then, there is power or capacity of rearrangement of the constituents in a predetermined manner, so that special substances and special structures shall result when the matter ceases to live."

These facts, therefore, that the vital process of anabolism is effected by the bioplasm, explain the process of assimilation, whether of food or of medicaments, to be as follows: The ingesta are prepared in the digestive tract by mechanical (in the mouth) and chemical organs, which are vitalized by bioplasm. Then the organs of absorption convey the material so far prepared to the blood, there it undergoes some further chemical preparation, and lastly the capillaries discharge the material as prepared pabulum at the everywhere-present bioplasts. Here mechanical and chemical action cease, and the superior vital action begins. The bioplasts reveal to our present bestarmed magnified vision, by the immersion microscope, no parts; they are as homogeneous as an ameba, and like it they act selectively by absorbing whatever they choose and need for the present and future upbuilding of the organs which they vitalize.

It is therefore natural to think that the purer a medicament is the less vital action it becomes necessary to expend in the preparation of it, by the various organs, for its final absorption by the bioplasts; and certainly whatever is saved of vitality, especially in diseased states of the organism, is so much gain. This therefore must be the reason why alkaloids are so much more expeditious and efficacious in remedial action than the cruder materials with which they were associated for the purposes of growth. Cushny, in his "Pharmacology and Thera-

pèutics," 1899, p. 20, says that "the great majority of drugs act through their chemical affinity for certain forms of living matter." (Very true, but be it remembered too, that living matter, bioplasm, has the power of acting selectively, rejectively too, even against this chemical affinity, provided the dose be not overpowering.) "They probably form temporary combinations with some forms of protoplasm( bioplasm), and alter the function of all cells which contain these forms.

In reference to nuclein, Chittenden in his lectures on "Digestive Proteolysis," p. 131, " \* \* \* the experiments of Horbaczewski show that nuclein administered to a healthy man will give rise to a very marked increase in the number of leucocytes in the blood. Thus, a few grammes of nuclein may produce as striking a condition of leucocytosis as a large amount of proteid food, due no doubt to proliferation of the lymphoid elements of all the lymphatic tissues of the body. Horbaczewski has reported that the mere injection of 0.25 gramme of nuclein, in the case of a rabbit, will cause marked enlargement of the spleen with striking karyokinetic (movements in the nucleus) changes. Hence, it may be assumed that whenever nuclein is set free in the body, leucocytosis may result, provided the nuclein passes into the circulation and is not decomposed immediately after its liberation."

See also Aulde's article on "The Hypodermic Use of Nuclein," in the Alkaloidal Clinic for October, 1899, p. 634.

How much nearer are we in our knowledge of the operations of life! How much purer are the remedies at our hands now that can affect it so surely, quickly and pleasantly! Would to God only, that pretentious scientism and commercial selfishness stood not in the way of applying it to the benefit of suffering humanity! So mote it be.

Ravenswood, Chicago, Ill.

#### TYPHOID INFECTION.

By C. E. Belcher., M. D.

I N the ceaseless round of warfare it has been demonstrated that a thorough knowledge of the precise location of the enemy



is of the most vital importance. So with us in our warfare against disease and its causes.

Then what is this disease called typhoid fever? Where is the enemy and

C. E. BELCHER. how best can we conquer? It is a pathological condition, brought about through intestinal infection by masses great and small of the typhoid bacilli, developing in the intestinal tract and by gaining entrance to the circulation and by further development and proliferation therein, causing a true autointoxication.

As crows flock to a rookery, bees to a hive, and all forms of animal life seek some particular and favorite spot in which to develop and thrive, under communistic conditions, so true animal instinct unfortunately for the human family, leads the bacillus of Eberth to establish its domicile about the columnar epithelium, among the to them luxuriant undulating folds of the villi, and particularly in the immediate vicinage of the glandulae solitariae or the agminated glands of Peyer, deep down in the lower third of the ileum. There, in the security of that deeply hidden portion of the gut, surrounded by substances only too ready to ferment, and in which they breed with the prolific rapidity characteristic of germ life, they set about the development of colony after colony of their kind, which later on are destined, unless destroyed, to infect the life-current; and enteric infective fever has been inaugurated, with all its dangers and horrors.

This blood becomes a surging, flowing mass of deadly micro-organisms, delirium, restlessness, irritative fever, and agony of body and mind resulting. The leucocytes do battle royal, they surge, they fight, they kill, that their river of life may be cleansed. They often conquer. The suggestive mound of earth gives evidence that at times they fought in vain.

This in few words is the so-called typhoid fever, as stripped of the opaque covering of the past, and viewed under the searchlight, and Roentgen rays of this last year of the nineteenth century.

Don't call it fever—it is misleading—don't stop to name it, but stamp it out. Annihilate the cause. Fortify the ever-faithful leucocytes with nuclein, that they may fight to win. Allow no further inroad of reinforcements of the death-dealing bacillus; sweep them away from their pestivorous camps, and out through the sewer God made. Destroy the last vestige of their habitation, and send down through the canal the thorough inspector of antisepsis. There will be no perforation; there will be no relapse. You will cut short the disease; your patient will recover.

You say I am an enthusiast. No, I am not. I am a physician and a student. I have been in practice for twenty-two years, and regret to say that I knew nothing about typhoid fever until the fall of 1891. I do now, and I know I do. That is the reason I am writing to-day, July 23, 1899.

It is a source of great satisfaction to me that my desires and capacities to learn become greater as I grow older. Woodbridge opened my eyes. They should have been opened years before. I thank him; the whole world should, as it also should my friend, Dr. H. G. McCormick, of Williamsport, Pa., who after labored investigation learned that the external use of guaiacol, particularly over the right iliac fossa, by absorption would reduce the fever by destroying the cause. This he gave to the world with many other suggestions pregnant with truth.

"Constant dropping will wear away the stone." One, two, six floods will move it, ont wear it away. One, two, six doses of

calomel will not destroy and sweep all the bacilli from the bowel, but a hundred gives them a mighty start. That was my first great lesson. Later on I began to use Protonuclein, and Protonuclein special hypodermically. Gradually it began to dawn upon me that the plague-spots should be broken up. I gave the No. I Woodbridge for twelve hours, every fifteen minutes; then swept all away with magnesium sulphate. Then later came the thymol, the guaiacol. I swept the bowel every day for a week or more, with the salt of Epsom; flushed the colon with I to 1000 solution of mercury bichloride; seldom treated the fever but if necessary gave: Fld. ex. aconite gtt. x, fld. ex. gelsemium gtt. xiij, tr. verat. viride gtt. xxx, strvchnine sulphate gr. ss; water to make four ounces. Mix.

Direct: Teaspoonful every fifteen minutes when required. It is not required after or for any great length of time.

Use zinc sulphocarbolate until the stools are odorless. Never forget the guaiacol, never stop it. The Eberths cannot live where it is. Every twelve hours give hypodermically twelve drops of nuclein, with six drops of nuclein by the mouth every six hours.

Of course watch the heart, but if supported by Bovinine in sterilized milk, or wine, and you keep the head cold and the feet warm, the heart will as a rule take care of itself. If strophanthin, nitro-glycerin, digitalin or strychnine is needed, use it. Narcotics are not required. Bathe with sponge once a day, preferably at night; they rest better.

The procession will not leave this house. Here then is my line of treatment. I have treated fourteen Swedes in one mining shanty, to recovery; all down at one time, with the poorest sanitary conditions. Others near by were infected through the same source, a foul well, dying under the expectant treatment. These deaths were expected. The fever was treated, the bacilli were also treated, very kindly indeed, allowed to

revel in their sea of filth, to undermine the mucous and other structures of the bowel and perforate it, given free sway to float in and sap the life-blood of the victim, who, with the friends and the doctor and the bacilli, were waiting for the three weeks of suffering to end somehow! This is a dark picture, but it has been painted, and should be hung in the bright light alongside of many darker ones, perhaps, of the past.

This compilation of the ideas of many bright acute observers reduced to practice has wrought, richly and wonderfully, great changes in treatment and results. I make no claim to originality, but write this that I may prompt some other to give further light on this subject, long kept in the dark. It cannot be discussed without resultant good.

This leads me to ask a few questions, and add a suggestion. I will then give you a rest:

Why does this disease run a course of twenty to thirty days should the patient be fortunate enough to live? Is the life-limit of the typhoid bacillus but twenty to thirty days? If so, why a relapse?

Did you ever read the poem of the fly, the sparrow, the hawk, the eagle and the hunter, all—but the hunter—in turn causing the destruction of the other? I believe the principle applies in typhoid. I believe a form of micro-organism develops which destroys the bacillus of Eberth. Either a lifelimit of twenty to thirty days, or becoming the prey of some other microbe, must be the explanation. But their life-limit seems to be more than that length of time. They live to curse and infect miles below and weeks after.

While filth would seem their most congenial habitation, they live for weeks in the purling brook, the winding creek or the broader river, that they may breed an epidemic far below. I know nothing of the exact limit of their existence, or that their life-limit admits of a cessation of the disease, but hold to the idea that they become

destroyed by the leucocytes and other enemies developed for their destruction; and that when there is a relapse these natural foes were not strong enough to conquer them in the first campaign, but later on were sufficiently reinforced to do so.

I would be pleased to learn the opinion of the 35,000 medical readers of this journal upon this subject. There is something in it, and I would prefer to know it all. There is reason for it, and the time will come when it will be understood. I hope I may yet know for a certainty, not simply believe it. It is all well enough to sleep, long and sweetly and deeply, but we should have our waking moments as well, and when I am confronted with a problem every few days I do become really awakened sufficiently to desire at least a solution of it. Help me in this.

One thing more: Intestinal Antisepsis, is, we know, necessary for the cure of this disease; but is it necessary to cleanse the whole twenty-five feet of gut when but a few feet of it are infected? Why not make an abdominal section, and with an aspirating needle quietly passed through the wall of the ileum and upper portion of the colon, if necessary, drown them and kill them by direct attack with a germicide? This little operation would be attended with no shock under antisepsis; the pest of the bacillus would be broken up, the leucocytes could if assisted by nuclein easily conquer the germs in the circulation, and the disease be cut short in its infancy. This may be speculative, but it is well enough to think of it, and it will yet be done.

Linden, Pa.

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The use of guaiacol externally as an antipyretic has been mentioned in this journal before, but its local use as described by Dr. Belcher is new to us. We wish Dr. Mc-Cormack would tell us all about his work along this line. We would also like to hear from our readers as to the relative value of guaiacol and its carbonate.—ED.

#### TYPHOID FEVER.

By Oliver F. Shearer, M. D.

TYPHOID fever, is a term which stands for a pathological condition in the human body, due to the presence and activity in the small intestine of the specific bacillus of Eberth.

Gaining an entrance to the body, probably in the drinking water, and passing through the stomach uninjured, because the condition and secretions of that organ, at the time, are not such as to cause its destruction, it takes up its abode for a time, in the lower portion of the ileum, where sooner or later it makes its presence known by a train of symptoms more or less like the following:

The patient, though previously quite strong, begins to be languid. There is a general feeling of weakness and aching throughout the body, some headache, loss of appetite, disturbed sleep and perhaps a diarrhea.

Soon fever manifests itself. Not much at first, but tested with the clinical thermometer, an elevation of maybe one degree will be observed.

It is interesting and important to watch the course of this fever. It gradually rises a little higher each day, till on the evening of the third or fourth day a temperature of 102 to 105 degrees may be reached.

Examination of the patient at this time may elicit the fact that epistaxis, commonly called nose-bleed, occurred once or twice near the beginning of the trouble, and a careful palpation of the abdomen will generally reveal some tympanites.

The above symptoms are almost sure to so impress the physician, that, being asked what the trouble with the patient is, he answers that the indications are that the patient is going to have a fever, probably typhoid.

Passing by without discussion the pathological conditions set up by the germs and their toxins in the glands of Peyer and the solitary glands, as well as the conditions of the patient which render possible an attack of the disease, we will proceed to speak briefly upon the subject of treatment.

Realizing that the trouble is primarily in the alimentary canal, we advise that from three to five grains of calomel, with an equal amount of sodium bicarbonate be given, followed in twelve hours with a good dose of Epsom salts, or Abbott's "Saline Laxative," dissolved in half a glass of water.

If the circulation is considerably excited, dissolve twelve of Abbott's granules of aconitine, gr. I-134 in as many teaspoonfuls of water, and give a teaspoonful every hour till the pulse is reduced, when it may be discontinued.

For the first week or ten days after giving the initial cathartic, we advise the morning administration of one or two teaspoonfuls of 'Saline Laxative," or Epsom salts, dissolved in half a glass of water. After this, as a rule, we would use instead of the saline a warm enema, containing ten drops of oil of turpentine.

From the first, give a five-grain tablet of the Waugh-Abbott Intestinal Antiseptic, every two hours.

This treatment should so break up or at least reduce the fever that little else is needed. If, however, the temperature rises to 102 or 103 degrees, bathe the patient with moderately cool water, gradually made colder, often enough to keep the fever below 102 degrees.

Like all diseased conditions, the one we are considering requires the careful watching of the educated physician, to the end that any danger that may arise, may be promptly and appropriately met with the proper remedy.

The feeding of the typhoid patient is highly important, and should not be neglected. From the first let the diet consist of milk or broth. From one to two pints of milk per diem with or without a pint of good animal broth, may be given. When

milk is refused broth, egg-nog, etc., must be given instead.

Keep the patient quiet, in a well-ventilated room, and see that the nurse does her whole duty; for much depends upon the nursing.

Frank L. had nose-bleed on the 25th of August. On the 26th, he was feverish, had headache and some diarrhea. The fever continued till the evening of the 28th, when I was called. I took his temperature, and found that the thermometer registered 103.5 degrees; pulse, 108.

Abdominal palpation revealed tympan-

Diagnosis: Typhoid fever.

A three-grain dose of calomel was immediately given, followed in twelve hours by two teaspoonfuls of Rochelle salts. An Abbott granule of aconitine gr. 1-134 dissolved in water, was given every hour for eight doses.

A Waugh-Abbott 5-grain Intestinal Antiseptic tablet was adminstered every two hours. A teaspoonful of Epsom salts, dissolved in water was given every morning for ten days, then discontinued; and an enema of warm water containing ten drops of oil of turpentine used instead.

On the 4th day after being called, the temperature had dropped to 99 degrees in the evening, and never went any higher and on the evening of the 17th day the temperature was normal.

On the 20th day the patient was able to be dressed and sit up, without any marked degree of weakness or prostration.

Downs, Kansas.

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One of our contributors called attention to the importance of producing thorough antiseptic action as early as possible, by much larger doses of the sulphocarbolates. First, empty the bowels, then give a W-A tablet every half hour till the stools are inodorous, then drop the dose gradually to one every two hours, or just enough to keep the stools disinfected.—Ed.

#### TYPHOID FEVER ABORTED.

By Grant S. Staub, M. D.

THE treatment of typhoid fever has undergone a great change in the last fifty years. Throughout the ages of the past the treatment of typhoid fever has been a failure. The textbooks on practice by Flint, Strumpell, Bartholow, Osler and others, assert that positive remedies in the treatment of typhoid fever are unknown. Many treatments and methods have been brought before the profession, have had their supporters, been tried, and found wanting, and have gone into history as of little value.

Good theories have been brought before us. Osler and Wood say: "We are still without an agent which can counteract the poisons that develop in typhoid fever." Numerous writers insist that typhoid fever can not be aborted, and that it is impossible to cut short an attack in any degree. To a young practitioner these articles are discouraging. However, these discouragements have led to thorough research, to establish a scientific abortive treatment based upon theories which can stand the most severe criticism and discussion.

George B. Wood gave turpentine as a remedy for threatened perforation. We still keep it where he placed it. Of the later socalled specifics we have Liebermeister's jodine treatment, Wunderlich's calomel treatment, Bartholow's carbolic and iodine treatment, and Brand's cold-bath treat-All these have enjoyed their season of popularity, have failed to abort febrile disease, and have lost their standing. In 1880 John E. Woodbridge presented a reasonable, logical and scientific theory which has received denunciation and severe criticism. But the theory is an established principle, and is rapidly gaining in the favor of many clinicians. The theory of aborting typhoid fever by the antiseptic method has become firmly established. I do not use Woodbridge's typhoid fever

treatment. His theory I have accepted, and have given him due credit for his great energy in bringing before the profession his views of abortive treatment. And had the profession spent as much energy in studying the antiseptics and testing their efficacy in the jugulation of typhoid fever as they did in denunciation of the theories which are making rapid strides, and which they will sooner or later be compelled to accept, the profession would be far in advance in the treatment of this disease.

The old theory that typhoid fever must run its course gives but little encouragement to the public. What folly to argue that, because no one ever has cured typhoid fever, no one ever can. And how senseless it is to ask the profession to accept as an immutable law that typhoid fever cannot be cured.

It is accepted by nearly every physician that the typhoid bacillus enters the body through the mouth in most cases, and that the principal lesions consist in inflammation of the intestinal glands. And that the bacillus is found in large numbers in the stools shows conclusively that the seat of war against the disease should be the intestinal canal, where the enemy's intrenchments and fortifications are located, and the object of medication should be to break up the colonies of the bacillus of Eberth and bacterium coli commune, and to get rid of ptomaines and other saprophytes. This requires active medication, because the tvphoid infection when once ushered into the system is very rapid.

There is no objection to internal medication, based upon the fact that the bacillus has been found in the blood and other portions of the body. However, it has been demonstrated that the breeding ground of the bacillus of Eberth is the intestines, and that it is of first importance to rout the enemy in their stronghold. To accomplish this we must give intestinal medication, and the antiseptics are hereindicated; not merely to act as a stupefying agent, but sufficient to destroy all the germs in the alimentary canal. We thus also aid the leucocytes to destroy what germs there are in the blood.

Having carefully studied the various antiseptics, tried them with various results, also the Woodbridge treatment, which gave fair results, the treatment to which I desire to call your special attention, the treatment which I have used for three years on fortyseven cases without the loss of a single case, is the following: First, for disinfecting the alimentary canal, the sulphocarbolates of lime, soda and zinc have given me the best results. I have given for several days in succession as much as 80 grains per diem of either without any toxic effects. have a weak and irritable stomach. prefer to give them in solution with bismuth and pepsin. If there is diarrhea, I prefer the sulphocarbolate of zinc; if the stomach is acid, the sulphocarbolate of soda; when there is destruction of tissue, the sulphocarbolate of lime. The sulphocarbolates may be given in tablet, powder or solution, and must be of absolutely pure quality. To determine when the stools are in an antiseptic condition, Bouchard's test with bismuth can be used.

While we are rendering the alimentary canal antiseptic we are using every effort to better other symptoms. We look after the leucocytes, and to Vaughan are we indebted for his great research in giving us a white-blood-cel! builder, through nucleinic acid. Nuclein given in full doses during typhoid fever increases the leucocytes, gives them strength to successfully wage a battle royal with the typhoid enemy, and free the blood from its germs and ptomaines.

For fever we all have our pets, and naturally favor those which have given us the best results. When the fever is high and the pulse hard I employ aconitine gr. I-I34 digitalin gr. I-I34, and veratrine gr. I-I34; one of each every half hour until the the pulse becomes soft and the temperature almost normal, then sufficient to keep the

temperature near the normal point. If the pulse is weak strychnine arsenate gr. 1-67 preferably takes the place of the veratrine.

I am careful to note that a free stool is produced every eight to ten hours. To accomplish this, I give small doses of calomel followed by a saline laxative. Complications receive treatment according to symptoms developed. I shall not take up time with suggestions as to the various stages in typhoid fever. With the treatment already outlined we do not have many complications.

From the clinical evidence of forty-seven cases treated with the remedies I have named, without the loss of a single case, I believe I am entitled to the statement that the abortion of typhoid fever is rational and scientific.

St. John's, Ohio.

# TYPHOID FEVER.

By B. E. Escue, M. D.

T is not my purpose to try to add anything new to the literature of typhoid fever, but simply to keep constantly before



us some of the most important and well-established facts in regard to the cause and treatment of this dreadful disease. We know that typhoid fever is an acute infectious disease caused by a specific bacillus, which

B. E. ESCUE. specific bacillus, which enters the intestinal canal and takes up its abode in the lymphoid structures of the bowel; and as a result we have cell-infiltration, necrosis and ulceration, constituting the primary morbid changes.

The germs find their way to the mesenteric glands, the liver, kidneys and spleen.

They have also been found in other parts of the body, but the bulk of them find lodgment in the bowels.

While doing all the local damage in their power, they produce a very poisonous substance which, no doubt, enters the circulation and spends its force on the nervous system, and completes the work of prostrating the patient.

The diagnosis of typhoid fever is not easily made during the first few days, in a majority of cases; and the typical cases mentioned in the textbooks we very often do not find at all.

During and for a long time after the divorcement of typhoid from typhus fever, the textbooks would hold us very strictly to certain characteristic features, which must always be present before we would be safe in saying that the disease was typhoid. We were taught to look for things we could not find, and found things we did not look for.

But now, with our modern microscopic method of investigation and diagnosis, we very often find typhoid fever to exist and run its course without manifesting any of the characteristic symptoms, extreme nervous prostration, delirium, subsultus tendinum and diarrhea. We can have mild cases of typhoid fever, just as reasonably as mild cases of measles or of mumps.

I do not believe in mixed types of fever. Neither do I believe that one kind of fever will merge into another; and I say this with all due respect to gentlemen who do believe them. If a fever is typhoid in the finish it is typhoid in the start; and nine-tenths of the so-called typho-malarial fever cases are purely typhoid. The two disease-producing germs have never yet been found to inhabit the human body at the same time, and that is what would have to occur in order to develop a mixed type of fever. I have heard quite a good deal in time past about malarial fever running into typhoid fever. According to that theory the two germs would have to be present at the same time. The malarial parasite would have to work on the patient a week or ten days, and then turn the business over to the typhoid germ, which had been an equal but silent partner from the beginning.

It does not see to be reasonable that one germ will rest while the other works. You never hear about measles running into smallpox. Then how can malarial fever run into typhoid? When malarial fever fails to yield to the action of quinine, it is almost certain to be due to some local complication involving the liver, spleen or gastro-intestinal canal, and this can be easily recognized and removed. Then we should not mistake typhoid for malarial fever, after making a vigorous therapeutic test with quinine.

The first symptoms usually noticed by the patient are loss of appetite, constipation and headache; chilliness in the morning with feyer rising a little higher each evening, increasing the headache and pain in back and limbs. There may be an abnormal appetite for a few days, preceding a decided chill, with a sudden rise of temperature reaching 104 or 105 degrees. fever in some cases may never run higher than 101 or 102 degrees. There may or may not be nausea and vomiting. tongue is always coated and sometimes pointed, with red edges, and sometimes broad and tremulous, showing the impressions of the teeth. It may become dry or remain moist throughout the course of the disease.

In the second week the bowels may be constipated, and continue so, with retraction of the abdomen instead of distention, diarrhea and tympanites. The tenderness may extend over the whole abdomen or be confined to the right side. The rose-colored spots will be found in a majority of cases but not in all.

Hemorrhage may occur in the second or third week. The pains and headache complained of during the first week are absent in the second and third. The loss of flesh is more rapid; the temperature declines to normal or below in the morning, but may go to 100 or 103 degrees some time during the twenty-four hours.

In the third or beginning of the fourth week the tongue cleans off, the appetite returns the patient is soon well. In the treatment of typhoid fever the most important things to do are to nourish the patient and keep him clean externally, internally and eternally! The patient should have plenty of water to drink which has been boiled. A liquid diet should be given, which contains the most nourishment in the least bulk. Milk will supply this better than anything else. Buttermilk may be given if sweet milk disagrees. Beef tea or soup, and eggs may be given in the form of albumen water.

The white corpuscles should be nourished so that the body-cells will have power to resist the action of the invading germs, and this can be done by giving nuclein or Proto-nuclein. The dishes used by the patient should not be washed with those used by other members of the family.

The mouth should be washed out after

each feeding, and the teeth kept clean.

When first seen, if the patient's bowels are constipated, give quarter-grain doses of calomel every hour till free actions are secured, and then kept open throughout the course of the disease, if needed, with a Saline Laxative every other morning.

The stools should be passed into a vessel containing a solution of lime, and then emptied into a sink, and covered with unslacked lime. The sink must be covered with something to keep the flies out.

To keep the patient clean inside, and to knock the foul odor out of the stools, give zinc sulphocarbolate, two or three grains every two hours. If the bowels are running off, the dose may be increased to five or six grains. Should the zinc salt cause nausea and vomiting, give soda sulphocarbolate in four to eight-grain doses.

Nothing keeps the bowels cleaner than the sulphocarbolates. They prevent fermentation, restrain diarrhea, and lessen the danger of hemorrhage.

Support the heart with digitalin and strychnine, and leave the patient on a good tonic.

Sharongrove, Ky.

# THE TREATMENT OF INCIPIENT PHTHISIS.

By Milton P. Creel, M. D.

Surgeon I. C. Railway; Surgeon L. & N. R. R.; Member National Association, Railway Surgeons, American Medical Association, Mississippi Valley Medical Association, Tri-State Medical Association, Ky. State Medical Association; Secretary Muhlenberg Co. Board of Health; Referee for Muhlenberg Co. for Ky. State Board of Health; Member U. S. Board Pension Examiners, So. Ky. Medical Society, etc., etc.

I F one will take the pains to examine the literature of phthisis he will find that there is no reasonable doubt of its curability. In fact the truth of the curability of phthisis stands out a demonstrable fact. All dissectors have pointed out healed cavities in the lungs of persons who died of other and distinct disease. All observers who have examined the lungs of many have frequently announced the fact that they had found tuberculous cavities in the lungs, which had entirely healed, and had remained in the condition in which the dissector had found them, for a long time. This fact is brought out by all observers who have studied phthisis. The textbooks all refer to this fact.

That phthisis does become cured then, even after there have been found cavities, is a fact corroborated by all observers. What produced the cures which we see evidenced in the dead room?

Some physicians hold that this is a secret which is sealed in the tomb of the patient. I contend that this is not necessarily true; the fact that phthisis recovers when cavities of considerable size are formed is sufficient to give ample proof that in its incipiency we have a reasonable chance to bring the disease under subjection.

Various remedies have been employed to cure phthisis, and it would take a large volume to give an idea of the treatment of the disease as it has been understood by various physicians.

When phthisis is advanced I do not depend upon the same remedies that I do when the case is seen in its incipiency. Seen in its incipiency the disease is more easily controlled, and our chances toward bringing about good results are much better than when the disease has gone along so far that extreme debility has rendered the resisting power of the patient very light. In the treatment of incipient phthisis there is nothing of greater importance than to begin with the hypophosphites. A good preparation, one that is uniform and stable, can be depended upon to bring us the best results.

Winchester's Hypophosphites of Lime and Soda will serve us best, since it is prepared without syrup, and does not become acid or derange the stomach.

The brilliant results of Churchill in the treatment of phthisis cannot be looked for, if many of the preparations at the disposal of the profession are depended upon.

This preparation of Winchester's (Churchill formula containing four grains to the fluid drachm) is best given in doses of a teaspoonful after each meal.

The patient must not drink coffee or alcoholic beverages after taking the Winchester preparation of hypophosphites of lime and soda. The dose can be increased to four teaspoonfuls (16 grs.) daily. Often it is best increased gradually. Some physicians give it in one daily dose but this has, I think, a bad influence on the patient's mind.

This preparation has brought about a large percentage of cures of incipient phthisis, and it is believed that its active administration, conjoined with proper food, hygiene, etc., will become the treatment by the general profession.

When the cough is a troublesome feature, as it is in many cases of incipient phthisis, it must be relieved in such a way that it will not derange the secretions. Opium is one of the remedies depended upon, but it is attended with bad results. Codeine is a favorite means of relieving the cough. Nothing must be given, however, that is not needed then—I have the patient merely take

a dose of codeine when the cough is troublesome.

Belladonna is the best remedy for the night-sweats. But all medicines for night-sweats, cough and other symptoms will be useful only until the patient's general systemic condition is brought up to a high point by the hypophosphites of lime and soda.

Below are given in outlines a few of a great many cases treated according to the method here favored.

Miss Beatrice L., aged 23. This young woman had not seen her menses for four months, and had a slight inconsequential cough. She occasionally had night-sweats, and was pale and gradually losing flesh. She had in four months lost flesh appreciably and had pains inher chest. Her appetite was indifferent and capricious, and she had frequent attacks of indigestion. Physical examination revealed slight crepitation at the apex of the right lung and there was appreciable dullness at that area.

She was put on the Winchester Hypophosphites of Lime and Soda, in doses of a teaspoonful after each meal. She was directed to take exercise, to eat nutritious and easily digested foods, and to wear a chamois jacket next to her skin, covering her entire chest.

She reported a week after having begun with the remedy. Her cough, which she had taken codeine to relieve, was not so troublesome, and she felt much improved. At her visit a week later her cough was less and she was getting along in every way better.

The progress of this patient was continually that of improvement, and after taking the remedy six weeks she felt well and ceased to report at the office. Her cough had ceased and she gained flesh and was to all appearances well.

I have not heard from her for a year, and am sure I would, if she were not getting better.

Mr. Lawrence, aged 31. This man, a

merchant, had noticed a loss of flesh that was progressive, together with a slight cough. These went for naught, however, till he began to have chills, for which quinine had no charm. Examination revealed incipient phthisis, and showed that the chills were hectic fever. On the same remedy as in the first mentioned case, plus correct clothing and abundant outdoor exercise, this patient gained flesh and made a recovery in a period of two months.

Mr. Ulysiss, aged 39. This patient had dyspepsia with cough and examination revealed crepitation in the apex of the left lung. He also had other physical and subjective symptoms of incipient phthisis. On Winchester's Hypophosphites of Lime and Soda, in doses of a teaspoonful three times daily—and finally he took four teaspoonfuls, one teasponful after each meal and one on going to bed—this patient got along well, being, so far as I could discover, cured in four months. He has had no return of his trouble now, in more than eight months.

Mrs. Aline Q., age 33. This lady after having a miscarriage commenced to have all the symptoms of incipient phthisis. The employment of the treatment substantially the same brought this patient to her former state of health in six months.

Mr. W. V., age 27. This young man, a butcher by trade, had been gradually losing flesh and strength for the past three months. He only applied for treatment however after the supervention of night-sweats and considerable hemoptisis. On the same remedy gradually increased to the maximum dose, four teaspoonfuls (16 grs.) daily—he made a progressive march toward a return to his statu quo ante of health.

Of course attention was given to the cough and other symptoms.

These are, however, of secondary importance, and have been so treated, the object of this article being primarily to call attention to the agent upon which we must depend to bring about a cure.

Central City, Ky.

# A PLEA FOR THE USE OF THE ACTIVE PRINCIPLES.\*

By E. L. Gilliam, M. D

THE people in general believe in the power of medicine to cure disease; and, the medical practitioner should do what he can to justify that belief.

If disease was an absolute entity, if nosology was always correct, if diagnosis was always true, if therapeutics was specific, and if medical practitioners were infallible then man need seldom die, unless from accident or old age. But unfortunately these things are not so, and consequently we are compelled to do the best we can under the circumstances. And that is my reason for presenting this paper.

Medicine will undoubtedly be more potent for good, and as a consequence become more popular with the people, as it approaches the requirements of an exact science.

Medicines that will prove the most efficient remedies, and produce the desired therapeutic results the quickest, and that are the most satisfactory to the practitioner and agreeable to the patient, will best conduce to this end. And as such, I would urge the use of the active principles.

By a retrospective glance over the history of medicine, we can see that there has been a gradual progress in the methods of preparing and administering remedies, from crude drugs down to alkaloids, resinoids and glucosides; that is, the active principles, which are now largely prepared in the form of granules and tablets.

We can carry to-day more actual medicine in a small pocket-case than the old-time Doctor could in the huge saddlebags which he was compelled to lay across his horse's back; and as consequently we can always be prepared to meet the emergencies of a general practice, the convenience and utility of the active principles must, I think, be admitted by all.

\*Read before the Mason county Medical Society at Point-Pleasant, West Va.

Notwithstanding this, the Pharmacists, instead of dropping the least efficient, and curtailing the number of their preparations, are constantly adding thereto; until to-day the field of therapeutics is thronged with countless drugs and drug compounds. And since so many of us, after years of practice, who have diligently studied and curtailed our materia medica feel dizzy when we try to appreciate the remedial measures of today, and find ourselves in the midst of a bewildering array of infusions, decoctions, tinctures, solid and fluid extracts, emulsions, normal liquids, cordials, elixirs, essences, pills, capsules and so on in endless variety, it would seem that to the man just entering upon the practice, it would be appalling.

You will all admit the truth of this statement. It does not originate with me, but is the wail of puzzled thousands in our profession.

But, now for the remedy: Is there any way out? How shall we proceed? What shall we do?

Can any one man hope to work, and at the same time prove for himself which is the best form of each remedy? Certainly not. Failing in that, then is it wise to be content with his present knowledge and ignore innovations and progress, and thus deprive himself of many new, keen weapons of modern medicine? Certainly no one would seriously advocate either of these extremes; and yet, the profession is strung all along the line between the two.

But there is one resource. There is a method of therapeutics now coming into use that keeps pace with physiology and pathology, and is relatively as clear and definite as the science of surgery. Its development and perfection will in the future redeem medicine from empiricism, and establish therapeutics as a science of precision. I refer to the use of the active principles, singly and in intelligent combinations.

Who would use opium when he desires the physiological effect of codeine, or the

results to be got from morphine, or the selective action of apomorphine? would prefer the crude, bulky drugs to quinine? Why should any one give tincture of digitalis including its digitalin, digitonin and digitoxin, when he only wants the active principle digitalin? What is true of morphine and quinine is also true of aconitine, hyoscyamine, pilocarpine, gelseminine, etc. In short, I claim that there is one intelligent and scientific pharmacology, and one only, and that is Alkaloidal in principle. And now that the system is so complete, I am amazed that a larger part of the regular profession has, as yet, failed to take advantage of it.

We cannot use the granules exclusively, because there are many drugs which cannot be put into that form; and again, many of us have some time-tried prescriptions which we should not discard at once. But we should all study Dosimetry, and become familiar with the action of the Alkaloids; and I will venture to say that when a physician once practises Alkaloidal (dosimetric) medication, he will not return to the old method under any circumstances, for any consideration.

The speaker has not attempted to practise medicine strictly according to the rules of dosimetry, and does not expect to; for the reason that the people have to be educated to it, as they do up to the Brand method of hydrotherapy; and he does not care to combat the ignorance of the public, and at the same time antagonize the prejudices of his profesional brethren.

His experience, however, with the Alkaloidal granules, has been most satisfactory; and he believes they will seldom fail, when given to the extent of securing definite results

Letart, W. Va.

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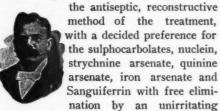
Everywhere we see evidences of a coming upheaval, that will inaugurate a period of turmoil and strife, and from this will emerge the New Therapy.—Ep.

# PRACTICAL HINTS FROM DAILY EXPERIENCE.\*

By W. C. Abbott, M. D.

TYPHOID FEVER.

MUCH has already been said in this issue on this topic, so it only remains for me to give my unqualified approval of



W. C. ABBOTT, saline.

Some of you may recall a resume of this subject that I recently wrote for another department of our work, but many others no doubt have not, and as it contains the meat of the nut and has not appeared in the CLINIC I will reproduce it in substance:

"Typhoid fever is a condition in which there is congestion of certain areas in the alimentary canal, more or less local, extending to general specific infection, with marked auto-infection from the alimentary canal and consequent malaise, great waste of tissue and depression.

"Without attempting to go into the minutiæ of the subject, if typhoid fever can be aborted, and we know it can, it can only be done by means that will antagonize these conditions and aid in restoring the body's natural powers of resistance to disease.

Let the careful clinician first put his patient on to a proper sterilized diet and see to it that his surroundings are as they should be, and then try the following outline for himself: Aconitine amorphous, gr. I-I34, one granule every fifteen to thirty minutes, until the pulse softens and local congestion is relieved, to be continued every half to one or two hours, as needed to main-

tain the effect, discontinuing when the tendency to return ceases.

"With this at first, for a few doses, calomel gr. 1-6, should be given, to be repeated every few days as occasion requires. Saline Laxative should be used daily to keep the bowels well open and to prevent the accumulation of toxin-breeding debris. From the first strychnine arsenate, in large doses, should be given, sufficient to overcome the tendency to depression, combined with digitalin, if necessary, or both may be given along with the aconitine in the "Dosimetric trinity."

"As soon as the alimentary canal is cleared out, and the above is well under way, from five to ten grains of the purified sulphocarbolates (the W-A Intestinal Antiseptic) should be given every two hours—enough and as often as needed to get and keep the stools free from the characteristic odor of fetid decomposition which is always the tendency in this disease—while at the same time daily hypodermics of five to twenty minims of Nuclein solution (Aulde) should be used to promote defensive leucocytosis.

"If the fever is kept down by the treatment described the weakness of the heart will not usually require special treatment; but if there is need, strychnine arsenate in larger doses, and digitalin are the best remedies, as being powerful heart-tonics; without the possibility of a sedative effect such as is sometimes manifested by galenic preparations of digitalis, while the arsenic has justly been termed a heart-food.

"So, also, if the intestinal antisepsis is perfect and the patient is sufficiently and properly fed, nocturnal delirium is unusual; but if it should occur a few granules of zinc valerianate, one every half hour, will soon restore the mental equilibrium.

"In the latter stages silver oxide, iodoform, menthol or hydrastin may be given to promote cicatrization of the intestinal ulcers, if any have formed. Nor do we hesitate to give turpentine if the case seems to

<sup>\*</sup>These notes will continue at intervals during the year as a "filler" to this department. I hope they will serve their purpose, and at the same time be interesting and instructive.

demand it, for Dosimetry is not an exclusive system that disregards the virtues of remedies not included in its limits.

"The above meager outline, expanded to meet exigencies as they arise, will help the physician to a line of treatment that will practically rob this disease of all its terrors reducing it materially in length of time and severity, with almost no period of convalescence whatever."

My correspondence is full, daily, of commendations of the sulphocarbolate treatment of typhoid fever, the great efficiency of which does not admit of question and has not for the last fifteen years since it was brought before the profession through the work and influence of Dr. Waugh. when, as at the last meeting of the Mississippi Valley Medical Association, I hear the method assailed by one who probably never gave an ounce of the purified sulphocarbolates in his life, I cannot refrain from reiterating my protest against such unwarranted assertions and again avowing my approval, urging you, so far as my influence reaches, not to be led astray by such unmitigated nonsense.

# WORDS THAT HELP.

These from a personal letter:

"I tell you, Doctor, I've seen more real pleasure in practice in fourteen months since using the alkaloids than in all the rest of my twenty-four years' practice. I hope you may live forever."

So do I, for it's grand to live in this beautiful world of opportunity; but there's a better farther on.

# PHENALGEN.

Several of my long-time friends have written me in the past month regarding the preparation named above, claiming for it most desirable properties as an analgesic, antipyretic, etc., which has led me to undertake some investigative work along that line. We have secured their advertisement of the Etna Chemical Co., which will be found in its proper place, and I am sure that Dr.

Still, the manager, will gladly send you samples for trial. Should your test result either good or bad let us hear from you.

THE BETZ HOT-AIR BATH AND VIBRATILE.

Dr. C. P. Gray, of Lowry City, Mo., writes to know of the desirability of the above and the standing of the people handling them.

The Frank S. Betz Co., as a business concern, is perfectly reliable and their body apparatus is a good one. The principles of hot-air treatment are rational and the results are satisfactory in all properly selected cases.

Regarding the "Vibratiles," will say that I know nothing by personal experience but I have been told by correspondence with those who use them that they are a good thing. We are confident that the firm handling them is reliable.

#### VAGINAL ANTISEPSIS.

One of our friends writes me that he is having remarkable results from the use of the purified sulphocarbolates and petrolatum in vaginal catarrhs, and my experience verifies the observation. From five to ten grains (preferably of the zinc salt if there is much discharge) should be incorporated in a dram of the petrolatum and applied on a tampon every one to three days. Try it and you will like it. The W-A Vaginal Antiseptic fills the bill and may be used by solution for injection or in suppository as well.

#### POULTICES.

Every now and then some brother, in reporting a case, speaks of the use of some form of that abomination, the poultice. Don't use it! If you want heat and moisture use it by fomentations that you can control and limit and don't endanger your patient with that infecting, rotting nuisance the poultice, which, regardless of what it is made of has no place in modern therapeutics that cannot be better filled by something else.

Ravenswood, Chicago.



# SCELLANEOUS

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home." Make your reports brief, but do not sacrifice clearness to bravity. Say all that it is necessary to asy to make your meaning plain and convey your ideas to others. We especially urge you to use the space set saids for "Condensed Queries" freely, and avoid burdening your Editors with private correspondence

# THE SULPHOCARBOLATES IN TYPHOID FEVER.

Editor Alkaloidal Clinic:

—My experience in the treatment of typhoid fever has been so satisfactory both to myself and to my patients, that I deem it a duty to con-

tribute my testimony to what has already been written. When in 1893 I began practice I attempted to treat typhoid fever cases according to the text-books and my college instructions. It is needless to state that my cases became typical ones, developing all that frightful train of symptoms seen under the old lines of treatment. All ran a long course, the fever never stopping short of 21 days and oftener 28 days, or longer; and in many cases convalescence was never established, the termination being death. For two years I continued in the old rut, disgusted with the old line of remedies, and discouraged with my attempts. It seemed as if my treatment did not modify or shorten the course of the disease. So when I read an article by Dr. Waugh on the use of the sulphocarbolates, the hope of a better treatment was gladly received.

I studied well the use of sulphocarbolates, and during the past four years have made them my standov to secure intestinal antisepsis. I give them for effect, and push dosage until the stools are odorless, first securing free movements of the bowels by means of calomel in small, frequently repeated doses, and saline laxatives. When these results are secured the patient is invariably much more comfortable, temperature falls from one to three degrees, the

tongue begins to clean, appetite returns, headache and general aching are relieved, delirium if present disappears, the condition of the bowels becomes much improved, tympanites is not marked, and hemorrhages very seldom occur.

Throughout the course of the disease I endeavor to secure at least four free movements of the bowels each day. If this is exceeded the zinc salt is used in place of soda sulphocarbolate. Each patient requires variations in treatment as conditions indicate, but in every case the thing to do at the beginning is to secure free elimination, and render aseptic the alimentary canal, and this can be done by the free use of the sulphocarbolates of zinc, soda and calcium, more easily, cheaply, and pleasantly than by any other means with which I am acquainted.

Nuclein, and the tonic arsenates of iron, quinine and strychnine, are useful to maintain strength. Nourishing diet is essential. Antipyretics are seldom needed with the faithful use of these agents.

Now, as to results. I have not lost a single case of typhoid or any continued fever since using this line of treatment, and that time covers a period of four years. Fever seldom lasts over twelve to fourteen days, often less. In one case, where the hygienic conditions were bac and nursing poor, it lasted twenty-seven days. My patients want to eat, are difficult to keep in bed, convalescence is short and rapid.

Certainly all my cases have not been unusually mild, for all around me have been deaths from this disease, in the hands of those who still adhere to the old methods.

The most certain agents which I possess are these remedies mentioned in treating this much dreaded disease. I have advanced no new ideas, and write this to confirm the excellent teachings of that admirable leader, Dr. Waugh.

The CLINIC is the most valued journal I receive. Each issue is worth the subscription price for the whole year. I wish you success in your effort to spread abroad the theory of accurate medication, and I believe every physician should contribute his experience, let it be favorable or not, until we make of our beloved profession of medicine, a science which will be exact, and have for every diseased condition a positive remedy. This is what will be, when we as physicians are wise enough to apply properly the means within our reach.

J. H. VARNUM M. D. Benton Ridge, O.

#### OBSTETRIC ANESTHESIA.

Editor Alkaloidal Clinic—In the August number of the CLINIC was a letter from Dr. W. R. Harper, on "Anesthetics and Antiseptics in Parturition." I may be able to give the doctor some information as to the use of an anesthetic—chloroform—in parturition, by giving you a full extract of my paper—The Use of Chloroform in Labor—read before the Kentucky State Medical Society, May, 1899.

"Among primitive people, still natural in their habits and living under conditions which favor the healthy development of their physical organization, labor may be characterized as short and easy, accompanied by few accidents and followed by little on no prostration." The civilized woman of to-day is far from being in a physiological condition. She has not the physical endurance and vital force. Higher development renders her more susceptible to bodily suffering. "The pain of childbirth is liken unto the torments of hel!." Many physi-

cians say it is a natural pain, and nothing should be given, but let nature take its course, and let woman suffer. If the Almighty has placed an agent on this earth to assist woman to bear this pain, or to lessen the sensibility of the pain without materially decreasing the force of power of the uterus, and increasing the danger to mother or child, it is our business as physicians to find what this agent is and apply the same.

Chloroform is our agent, and if given correctly it will lessen the sensibility to the pain, having no marked effect on the force of the power of the uterus, and not increasing the danger to mother or child. As you stand over your patient, seeing her suffering the agonies of hell, does not your heart go out to her in sympathy? Does it not seem that this suffering ought to be more evenly divided between the male and female? Both have the pleasure of sexual intercourse, but when it comes to the result the woman must bear all the pain. The old saying is very true: Let the wife have the first child, the husband the second, the wife the third, and the husband the fourth, there would not be a fourth child. A man has no realization-except he be a physician, and often some of them do not-of the severity of the pain of childbirth.

In 1847, Sir James Y. Simpson proved that inhalation of chloroform could be safely and successfully used for the relief of pain in childbirth.

Dr. N. C. Keep of Boston was the first American physician to administer an anæsthetic in labor. Dr. Walter Channing was a distinguished American physician who advocated its use.

The late Professor Henry Miller of this city, one of the founders of the Louisville Medical College, and the author of Miller's Text Book of Obstetrics, gave chloroform to a woman in labor on the 13th of March, 1848. This was the *first* time chloroform was thus used went of the Allegheny Mountains. Dr. Miller remained faithful to anesthesia in labor the rest of his honored life;

he strongly advocated the practice, and with his well-known ability answered the arguments adduced against it. Miller and Channing are the two names that in this country shine with the greatest luster in connection with the early advocacy of obstetric anesthesia.

On the other hand, three of the most eminent obstetric teachers, Meigs, Hodge and Bedford, strongly opposed the use of anesthetics in normal labor, and their influence was more powerful than that of its advocates. The controversy here was but the reflex of that which was occurring in Great Britain. Simpson asserted that it was only a question of time as to the general adoption of anesthesia in parturition; and gentlemen, that time has come.

Drs. Ashwell and Tyler Smith were the most prominent London obstetricians opposing the practice, declaring that "unnecessary interference with the providentially arranged process of healthy labor is sure sooner or later, to be followed by injurious or fatal results;" that "chloroform need only be extensively used to insure its entire abandonment;" and that it was "a duty to urge every plea against its further use."

More than forty years have passed since the words of Simpson and Ashwell were uttered; the prophets are dead, but the prophecy is about fulfilled; chloroform has now been generally adopted.

Doubtless the influence of Meigs, Hodge and Bedford did much in this country to prevent the use of anesthetics in labor. And yet, Dr. Hodge, while refusing the parturient the relief to be had from chloroform, indicates the severity of her suffering by saying she is 'agonized and semi-delirious.'

We know that brief surgical operations are not done without the use of an anesthetic.

Arguments against the use of an anesthetic during labor have been quoted from the Bible. It is asserted by some that "suffering in labor is necessary in order that the

mother should love her child." Nature seems to have made no corresponding provision to secure paternal love. Depaul gave some reasonable objections to the use of chloroform in labor. Among them are the following: (1) It may kill the patient; (2) the anesthetic sleep deprives her of reason, so that she cannot participate in the great act accomplished, and this participation is in almost all cases necessary; (3) the inconveniences and dangers are not compensated by the advantage arising from the diminution or suppression of pain.

These objections are answered: First, chloroform has been used in natural labor many hundreds of thousands of times, yet not over half a dozen cases of death are on record where it was administered by a com-Second, it is obstetripetent medical man. cal anesthesia, and not surgical, that is The patient is not unconscious wanted. and incapable of voluntary effort. as to the effect of chloroform on the force of uterine and abdominal contractions, when given correctly I have never noticed this force materially decreased. The same holds true of the contractions of the uterus after the second or third stages of labor, and chloroform does not predispose to postpartum hemorrhage. Even admitting that the labor is rendered slower, the lessened suffering makes the trial not so severe and exhausting. Also admitting that there may be a liability to post-partum hemorrhage, a proper management of the third stage of labor and the use of ergot-aseptic, hypodermically given, will almost certainly avert the danger.

Choice between chloroform and ether—Chloroform is preferred by most men. It can be used at night without danger from light or fire; ether cannot safely be so used, as it is inflammable, and at night we certainly have the greater majority of obstetrical cases. King prefers ether, and his main reason is this: "Ether is unquestionably safer; and while the advocates of chloroform claim that but very few deaths are on

record from its use when administered with unremitting care and by the hands of an educated and experienced physician, yet these conditions cannot always be constantly assured. All men are human; the unremitting care will sometimes remit; oversight and diverted attention happen to all, and in obstetrical practice, with its inevitable fatigue, loss of sleep and anxiety, are more likely to happen than in other fields of professional work. Hence, as a matter of safety, I prefer ether."

And he also says: "Ether is inflammable, and hence care is required in using at night." And so might not the ether man blow up his patient, himself and all in the room? Such would be a calamity far worse than the death of only the patient.

Chloroform is not without danger in other operations, where only two or three inhalations are taken, and sometimes death results from heart failure. But in labor I think there is no danger of this shock taking place, because the pains of labor are somewhat of a shock to the patient of themselves. The heart is physiologically prepared to meet this condition, so that the slight additional shock of chloroform, if there be any, adds little or no gravity to the condition.

As to the manner in which to administer the chloroform: You must withhold the chloroform until the correct The patient will beg for it, pray for it, cry for it, and even try to make those present use force to make you give it. But hold until the perineal stage-latter half of the second stage. place it firmly over the patient's nose and mouth. As you see a pain coming on, sprinkle about a drachm of chloroform on the inhaler, and instruct the patient to take deep inspirations before the pain reaches its height. The patient will take two or three deep inhalations-for they readily inhaleand at once the severity of the pain will be lessened. As the pain ceases, remove the inhaler and then as the next pain comes on. replace it, only allowing it to remain during the pain. By this method of administering it will be impossible to give enough chloroform to cause danger. She may cry out just as loud as if chloroform had not been used, but afterwards will tell you that she suffered very little.

Chloroform may be used in the first stage of labor, though when the pains are severe in this stage I prefer chloral hydrate.

There is danger of having to use chloroform too long when given in the first stage, thereby decreasing uterine force and predisposing the patient to hemorrhage. The same, perhaps, to a less degree applies to the first part of the second stage of labor. During the perineal stage or at any stage, the chloroform may be pushed to complete anesthesia-surgical extent, if necessary in natural labor only to its obstetrical extent.

Walter B. Gossett, M. D. Instructor in Obstetrics, Louisville Med. College.

## ALKALOIDAL NOTES.

Editor Alkaloidal Clinic—I have been a believer in and user of the active principles in small and frequently repeated doses for many years, began the practice indeed before I ever heard of Dosimetry, but, of course, I could not carry it out so satisfactorily as at present when the chemist and manufacturing pharmacist combine to give us those arms of precision, the Mauser rifles of medicine, the Alkaloidal Granules. Of these I have used several makes, including Chanteaud's, but have found none so good as Abbott's.

I am not in general practice now, having for several years given my attention to diseases of the eye, ear, throat, and nose; but I have to see other classes of cases at times, and nine times out of ten rely entirely on my little pills. Brought up in the strictest medical orthodoxy, I had a great respect for "the authorities," and trusting to

the dictum of my various "Materia Medicas" I was for a long time very much afraid to use aconitine, but I know better now, and use it freely and so far have never seen any but good effects.

Speaking of works on Materia Medica and Therapeutics, I want to pay my compliments to Prof. Shaller. His little "Guide" is worth all the other works on the subject in my library, and I have some that cost more than ten times as much. It is a veritable "Alkaloidal Granule" itself.

I can't for the life of me understand how men can engage in general practice and not use the granules. They are so neat, so nice, so sure. I would as lief go back to feeding my patients on Jesuit's bark mush, instead of quinine, as to muss around with nasty uncertain tinctures and fluid extracts, when I can get the active principles in granule form.

Now for a few granules of my personal experience:

In asthenopia from over-taxed or spasmodic accommodation, physostigmine salicylate gr. 1-1000 t. i. d., is a great help. It does not, of course, take the place of carefully fitted glasses to correct any error of refraction, but it does relieve the ache, and the patient gets used to his spectacles a great deal sooner with than without it.

In irritable bladder a few granules of arbutin, combined with lithia if the urine is acid, or of benzoic acid if it is alkaline, and plenty of pure water, give very gratifying results.

Certainly, of course, wash out the bowels with Seidlitz Salts, or just plain old Epsom if you can't get the more modern and agreeable article, and keep them clean with the sulphocarbolates. The old Hebrew prophet was right up to date when he told Naaman the Syrian to "wash, and be clean."

The CLINIC is all right. No therapeutic nihilism about it. I have no patience with the modern school of physicians which seems to consider pathology the alpha and

omega of medicine, and to regard the making of a diagnosis on Monday and its verification at the post mortem on Friday as the whole duty of a doctor to his patient. A knowledge of pathology and skill in diagnosis are necessary, but they are but sounding brass and tinkling cymbals unless they lead up to rational and effective therapeutics. The great mission of medical science is the prevention and cure of disease, and from the point of view of the practitioner, all this anatomy, physiology, pathology, bacteriology, etc., etc., are mere vain curiosities except in so far as they contribute to the successful fulfillment of that mission.

I read the "Condensed Queries Answered" with interest every month, and rarely see any suggestion in it that does not seem to me wise and helpful; but must say that I was a bit staggered by the reply to "C. E. B." in September number. To advise to "instil atropine into an eye suspected of incipient glaucoma," seems to me very dangerous practice, and likely, if there is any tendency to glaucoma, to precipitate a fulminant attack and destroy vision in a few hours. The authorities seem to be a unit on this point.

Serine or even pilocarpine instilled into the eye will often relieve the symptoms in incipient glaucoma, while they are apt to be harmful in iritis. In view of the difficulty sometimes experienced in making a diagnosis between these two diseases in their early stages, it would be well to consult an oculist if possible in doubtful cases before using either of these drugs, so potent for good or evil according as they are indicated or otherwise. With kind regards to my brethren of the CLINIC family,

I am fraternally, G. W. E. BLACKMAN, M. D. Dunkirk, N. Y.

-:0:-

Dr. Blackham is quite right. The idea the writer intended to express was that the atropine would render the diagnosis more certain in doubtful cases, just as a bite of pickle clears up the diagnosis of mumps. But in either case it is a painful, unhecessary and even dangerous method.—ED.

#### RUM.

Editor Alkaloidal Clinic—With pleasure do I enclose 25cts., the amount required for the numbers of The Alkaloidal Clinic which you have to spare. They are surely worth that much, if anything. For my part I welcome every number, and consider it worth its weight in gold for the vast stores of information therein contained.

Your editorial on "The Doctor's Duty" comes to the point. You intimate that the medical profession suffers the most from the liquor curse, through lack of recompense for services on the part of parties addicted to drinking. But is not the medical profession answerable to a large extent for so sad a state of affairs? Do we not see a certain number dishonoring the profession by indulging personally to such an extent, that in some medical paper published a few years ago in New York I think, it was acknowledged that alcoholism was working the most havoc amongst doctors and that doctors were honored with the highest percentage of mortality from alcoholism? Is it not too often the case that slaves of the drink owe their insatiable craving to some unscrupulous members of the profession who prescribed unnecessarily whisky or such like as a tonic for many ailments of mankind? How often have I heard of parties whose lips never were contaminated by the whisky devil, contracting such undesirable habit after a treatment "a la whisky" for la grippe or even a simple cold.

Let the brethren of the medical profession stop recommending liquors as a tonic or harmless stimulant and rather condemn them, showing the wrong inflicted upon the system not only by their abuse, but even by their common, so-called temperate use and the saloon will lose many adherents, the family will cease languishing or mourning under the weight of misery, society will prosper and improve morally, at last, the fees of the profession as well as dues to creditors more accurately settled. "Principiis obsta."

Jos. Darche, M. D.

Annandale, Minn.

#### SEX CAUSES.

Editor Alkaloidal Clinic - For several years I have been devoting myself to a study of what is termed "the differentiation of sex" in the impregnated ovum, and have made an exhaustive study of the ancient theories, as well as having carefully culled the most plausible facts presented by modern authors upon the subject. Suffice it to say that the result is interesting but far from satisfactory, and I greatly desire to add to the data I have the testimony of the medical fraternity who may have given this vital subject some attention in their individual practice. As a woman it appears to me the question is one to appeal most strongly to women; and may it not be that what mankind has failed to discover in all the ages of investigation, from Aristotle down to Schenk, may yet be revealed by systematic, patient investigation, and a closer, more scientific study, of cause and effect? To this end I ask the co-operation of every reader of the CLINIC, and beg that they will individually consider this an invitation to intrust me with any data they may have upon the subject, with the assurance of my most sincere gratitude, and the promise of inviolable secrecy as becomes professional confidences. May I not also suggest that much may be accomplished by interesting feminine patients along the line of differentiation, and thereby making each pregnant female a factor of importance? It is law, not chance, we know. It is cause and effect, and it is high time that we discover the long sought for cause which will do so much for maternity and for the race, when the sex of offspring shall be under control.

Washington, D. C., ALICE LEE MOQUE.

918 O. St.

# SEXUAL HYGIENE.

Editor Alkaloidal Clinic—When your reports of the discussion of Sexual Hygiene by the Chicago Society came to notice, I was interested, as it had been a subject not having recent attention by a scientific body.

It was considered by those present in as full detail as occasion demanded, and the ideas advanced were clothed in such language that there was no need of the caution to "keep your journals off the table."

I was not expecting marked changes, any more than we see the years improving the laws of gravitation. That the conditions of eivilizations differ from the first to the twentieth century, I am prepared to admit, but can I that natural laws are so ordered?

That there are attempts to interfere with nature, that there are minds and bodies seeking unnatural gratification, is known. But sexual perverts have no more claim upon the physician's time than any other criminal.

While we acknowledge the law of "the survival of the fittest," we should not seek to assist those to procreate their kind who are unable to gain and hold a true woman's love. Misfits and abnormalities are everywhere, but until there is a natural demand for more gratification I believe the respectable physician can use his time with a higher aim in view than to excite erotic sensations or to interfere with the present family relations.

I hope in your comments on the Sexual Hygiene Series you will print this protest against the renewal of investigations by the profession, which were denounced by the Hippocratic Oath, which many of us can remember acclaiming.

I have had twenty years' practice in families, and my share of venereal cases, but do not know wherein the lack of knowledge to be brought out by the present tone of discussion of the Sexual Hygiene problem, has not been met by advice controlled by common sense, and without pretense to knowledge sought by personal inspection of the holy or happy relations which by their privacy bind the man and woman to make the perfect state.

True, I have gray hairs, but I am not old, nor do my habits or pretensions to morality prudishly urge my objections to this needless discussion; but I am prompted simply with the desire to maintain the honor of our profession and the respect of the true man and woman. Even an overcrowded trade is not an excuse for infringements of state or moral laws.

Continue the articles, but with due regard for your responsibility; have in hand the editorial pencil, and in mind "sacred is home."

In proof of my sincerity I respectfully sign, S. W. Phillips, M. D.

Vinalhaven, Maine.

-:0:-

So strongly do we sympathize with the writer's views that we feel like shouting a long and loud Amen. But—let each reader say for himself whether he needs the information given for use in his practice. Let him ask his patients, whose home life is unhappy.—Ed.

#### ANTAGONISTIC DRUGS.

Editor Alkaloidal Clinic—I would like to say a few words in regard to the September CLINIC. Partly to obtain information and partly to correct a mistake.

In comment on page 579, the editor says aconitine relaxes vaso-motor spasm and allows blood to flow from congested areas. Strychnine he says combats vaso-motor paresis in the congested area, thus aiding aconitine to restore circulatory equilibrium.

But can we confine the action of strychnine to the congested part? Would it not also act on the general vascular system, thus directly opposing the vascular relaxation, produced by aconitine? In other words, can we expect aconitine to act on the general capillary system and confine the action of strychnine to the congested area"?

Also in "Practical Hints," page 574, aconitine is said to act well with digitalin. One dilates the capillaries, it is said, and the other strengthens the heart. It might also be said that aconitine dilates the capillaries

and digitalin contracts the same.

In death from aconite the heart is dilated. In death from digitalis the heart is contracted. Shoemaker, on page 394, makes the direct statement that aconite and digitalis are antagonistic and proceeds to explain.

Now I may be working under a misapprehension, but am willing to be enlight-

I would also take exception to the term "Allopath" as used by Dr. Preston, on page 579. Because in the first place there are practically no real allopaths. What regular physician would sit before a patient and ask himself what drug would produce an opposite totality of symptoms? Not one in a hundred. Instead he would say: "What is the best known treatment for this case, regardless of similars or contraries?"

The epithet "allopath" was given us by Hahnemann, not adopted by the profession. It is untrue and improperly applied to the

medical profession at large.

"We are not "path" of any kind and wear no man's collar. We are not symptom worshippers and do not believe in the infallibility of any man, but are open to conviction of truth from any and all sources. In any given case we would ask ourselves this question: According to the best modern knowledge of physiology, pathology and therapeutics, what is best for this case? The answer might be, hydrotherapy, thermotherapy, climato-therapy, suggestion, surgical procedure, rest, change of occupation or possibly a drug. If this is allopathy, I plead guilty. This is not written to arouse animosity but to correct what I believe is an improper use of the word allopath.

Probably the alkaloids will be the ground upon which all creeds can unite for scientific therapeutics and the common ground

of humanity.

In regard to Dr. Chenery's case of idiopathic salivation, I can report one case in some respects similar. It occurred a few years ago in a married woman of about twenty-five years, during lactation with her third child.

She said she had suffered in the same way while nursing both former children, and different physicians had given no relief.

I treated her for the third attack with similar brilliant results. There was a continuous flow of saliva, with sore gums and mouth. It came on a few days after delivery and ended each time at weaning.

J. S. Moore, M. D.

Bunker Hill, Ill.

-:0:-

That we can give these antagonistic agents together and get the effects of both at the same time, is one of Burggraeve's most remarkable discoveries. It seems that the congested area takes up the strychnine and the spastic skin takes up the aconitine or hyoscyamine, when the two are circulating in the blood together. There is no theory in this, it is simply an observation of a fact. The writer simply refused to believe it till trial convinced him.

Dr. Moore is perfectly right as to the term allopath. It was applied by Hahnemann but always rejected by the medical profession as untrue. I have never heard of or known an allopath. We are just plain doctors, without any special "breed-marks." Now please don't say "marks of breeding." The term "regular" is simply used for want of a better.—Ep.

# NUCLEIN IN HAY FEVER.

Editor Alkaloidal Clinic-A lady had been a great sufferer from hay fever for a number of years. She was generally attacked the first of August and it lasted until the first frost. Several physicians had treated her and she had taken all kinds of remedies with only temporary relief. She wanted immediate relief, something very hard to give. I was impressed that this was a good case to try nuclein, although I had never seen it recommended for this malady. I put her on three granules of nuclein every two hours, and one granule of hyoscyamine every four hours. Her husband reported the next day that she was much better. Two days later he called for more medicine and reported that she was almost well. I met her last week on the street; she informed me that she was entirely well. Is it a triumph for nuclein? T. C. QUINN, M. D.

New Vienna, Ohio.

# HOT TEA INJECTIONS FOR BOWEL TROUBLES.

Editor Alkaloidal Clinic—May I offer you a little squib on summer diseases which I got from an old backwoods doctor forty miles from nowhere and which I have never seen published anywhere?

In the stage of collapse in cholera infantum when you want to help quick and have little time to wait for medicine to act, wash out the little one's bowels with warm water and then inject a pint or two of good strong hot tea. The heat stimulates while the tannic acid astringes and at the same time acts as a chemical antidote to many of the poisonous alkaloids present in the bowel. I have saved more than one life by this I am sure. You can see them pick up inside of five minutes.

This is only a hint by the wayside but it has proved valuable to me. In one section where I was the newest M. D. I saved a child's life in the presence of six other M. D.'s who had given him up. I got a rep-

utation and that family as the result. The other doctors stood around and smiled in a superior way at the "boy's" effort but they and their hats had disappeared in a short time.

PAUL PLUMMER, M. D.

Collinsville, Connecticut.

-: o:-

Thank you, Doctor. Our readers will please try and report results. Almost no bowel trouble in this section this summer.

—Ep.

## IS IT SMALL POX?

Editor Alkaloidal Clinic—We have in this county an epidemic on which the medical brethren disagree, some saying smallpox and others chickenpox.

A man had a chill, not severe but prolonged, followed by fever of 104, severe headache, very severe backache, constipated, three later on his breast were red patches like the rash of scarlatina, paling momentarily on pressure. Next day the eruption appeared on the forehead; on the sixth it had spread over the face, neck, and breast: he had sore throat from the eruption in the mouth and throat, the fever fallen and the patient feeling much better. The eruption spread down till the ninth day, when the soles of his feet were full of hard knots. and were sore. The fever returned. The mature eruption was pea-sized, elevated, typical of variola, covering one-eighth of the surface. The first pustules were drying up by the eleventh day, the general symptoms improved, and he sat up.

We have had sixteen cases and no deaths. I believe it is smallpox, but the people pay no attention to it, as there have been no deaths, and the doctors disagree.

My treatment has been by saline purgatives, sulphocarbolates and calcium sulphide. Please give me your opinion.

J. M. HAMILTON, M. D.

Old Town, Tenn.

-:0:-

As described the affection appears to be smallpox. It is surely not characteristic of chickenpox. I believe you will be safe in considering it smallpox. You might inoculate some animal with it if you choose, and see whether it can be transmitted. Also note whether it is worse in people not vaccinated.—ED.

# THE TREATMENT OF PRURITUS VULVAE.

Editor Alkaloidal Clinic-Pruritus vulvæ generally occurs in the mucous membranes about the labia minora and majora, and in the adjacent muco-cutaneous surface. In some instances, however, it occurs in the clitoris, and its immediate surroundings. Where this affection is encountered in children, as it rarely is, it can generally be traced to ascarides. In adults, however, we find the trouble dependent upon co-existing uterine disease, leucorrhea, vaginitis, specific or non-specific, vaginismus, etc. There are a percentage of cases, however, in which we cannot find the causative factor. Several credible gynecologists have reported cases of pruritus vulvæ which were, they thought, attributable to coffee-drinking. Many other views like this have been advanced, and we cannot reasonably doubt but that they contain some nucleus of truth. Pruritus is often associated with diabetes mellitus. There is, however, but little doubt that most cases of pruritus vulvæ owe their existence to the presence of some inflammation of the mucous surfaces of the vagina or the vulva. Remedies most potent in relieving these mucous membranes have brought about the best results in treatment.

The indications for treatment are, first, remedies to correct any disease which may serve as a cause of the pruritus; second, local applications for relief.

We look for anemia, lithemia, and any constitutional factor that might cause the disease or aggravate the condition. In some patients we find lowered health, and should give cod-liver oil and other remedies which build up.

When we have put the patient upon ap-

propriate remedies to correct the associated anemia, lithemia, or any other course of treatment which may be indicated, we should at once begin with injections to overcome the associated inflammation, which we will find invariably in the vagina or the vulva: Such an injection should be one that is antiseptic, analgesic and anti-pruritic in its action. This should be injected two or three times daily. For this purpose I have relied on Antibrule, and the results have been most happy. The Antibrule is generally diluted with half its quantity of water. and the injection made to reach as much of the mucous surface as possible. Ordinarily two injections daily will suffice to keep down the pruritus and in a short time effect a cure. But in some instances, where the pruritus comes on frequently and with violence, use Antibrule three or four times daily, for the first two or three days.

The second class, those applied directly to the itching surface, number many remedies. All the cooling lotions, all astringents and antipruritic drugs, have had a run of popularity but have in turn failed in the greatest number of cases.

Antibrule is an anti-pruritic to an admirable degree, and I have now come to use no other remedy than this. In fact, using Antibrule to overcome leucorrhea, vaginitis or whatever mucous membrane inflammation I have to contend with, as the cause of the pruritus. I have no occasion for any remedy to carry out the second indication.

Mrs. —, age 33, came for treatment of pruritus vulvæ which had caused most unspeakable distress for the past year. Her general health was somewhat impaired in consequence of leucorrhea, which had been rather profuse. I at once put her on injections of Antibrule and water, equal parts, three times daily.

She reported three days later and said she was greatly improved as regards the itching, it not coming on so often and not so bad. She was told to continue the injection for two weeks. She returned saying that she was greatly improved, had little leucorrhea, and had no itching for nearly a week. Using the injection two weeks longer she ceased to have pruritus and her leucorrhea is entirely well. She is now stronger and feels better than for a long period.

Miss —, aged 19, a Jewess, suffered great exacerbations of pruritus vulvæ, its principal seat around the clitoris. She was treated with Antibrule applied three times daily. This at once began to help her, and after using the remedy two weeks she ceased to have any further trouble.

Mrs. —, aged 49, mother of five children, had been a sufferer with pruritus for the past year, and the paroxysms were now so severe as almost to drive her wild. Specific vaginitis, which had been communicated to her by her husband was responsible for this condition. She was put on injections of Antibrule (in half strength), began to improve at once and this improvement was continuous. She was discharged cured four weeks later.

Mrs. M——, aged 31, had leucorrhea for six months, and as pruritus vulvæ developed was forced to apply for treatment. On the regular employment of Antibrule as in the above cases she got along well, and I was able to discharge her three weeks from the time she came under treatment.

Mrs. —, aged 35, was sent to me by a country practitioner as being a most intractable case. Her pruritus was clearly traceable to vaginitis, and on Antibrule as in the above cases she got along speedily. I discharged her two weeks from the date of her application.

MILTON P. CREEL, M. D.
Surgeon I. C. and L. & N. R. R., Member National Association Railway Surgeons, American Medical Association, Mississippi Valley Medical Association, Tri-State Medical Association, Ky. State Medical Society, Secretary Muhlenberg Co. Board of Health, Referee for Muhlenberg Co. for Ky. State Board of Health, U. S. Board Pension Examiners, So. Ky. Medical Society, etc., etc.

Central City, Kentucky.

## THE DEFERVESCENT COMPOUND.

Editor Alkaloidal Clinic—I had an experience the other day with the Defervescent Compound that perhaps you would like to hear about.

June 10, '99, I operated by divulsion on two tight urethral strictures. The lower one was so tight that it was all that I could do, after working patiently for some time, to introduce a filiform bougie. Everything went well until twenty-eight hours after operation, when the patient was seized with an intense chill. I was sent for, and found the temperature in the axilla 106 degrees. pulse 150. I gave two Dosimetric Triads, and he immediately vomited; then gave two of the same by hypodermic injection every fifteen minutes until six had been taken, without making any impression on pulse or temperature. I then substituted the Defervescent Compound and gave two by hypodermic injection every fifteen minutes for one hour when the pulse came down to go and the temperature to 102 degrees. I then kept them up by the mouth, one every half hour for an hour longer, when I had him in a profuse perspiration with a temperature of 103 degrees and pulse 60. He came out all right, but complained bitterly of the injection each time I gave it, said it was very painful, and was sore at injected points for several days. No abscess followed injections. JASON PARKER, M. D.

Jamestown, N. Y.

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We are glad of the report. Doctor, you should have given the Defervescent Compound first. The strychnine of the Dosimetric Triad was not indicated.—ED.

#### MENINGITIS.

Editor Alkaloidal Clinic—I have read with interest Dr. Clay on meningitis in July number, also Dr. Sanford and others in September number. Last March there was a great deal of this trouble in Texas in dif-

ferent localities at which time I had five cases.

Mrs. S., chill lasted four hours, and when I saw her she was unconscious. The hemorrhagic rash over the greater part of body, with large purpuric spots on abdomen, buttock and thighs, the contracted cervical muscles and the unconsciousness of the patient with the great force it required to keep her in bed, soon convinced me of the dreaded trouble I had to contend with. I gave morphine gr. 1/4, atropine, gr. 1-250, in each arm; and repeated as necessary to secure quiet. The patient could not swallow; and having remembered reading from Dr. Waugh that salivation was the sheet-anchor for hope in meningitis, I began dropping calomel on the tongue, ten grains at intervals of one hour until when I had given 50 grains the patient returned to consciousness, in twelve hours, suffering great agony and praying to die. I moved bowels by enema and gave atropine and ammonium chloride to keep the blood fluid; also full doses of Fellow's Hypophosphites, continuing it on through convalescence, which covered a period of thirty days.

The other four cases were treated in a similar manner and all recovered. Two other cases in the same vicinity treated by Dr. R., died in about thirty-six hours.

When I read of patients being cured of meningitis in twenty-four hours, it sounds a little fishy. I expect to be hauled over the coals about such heroic doses of calomel, but I think it helped in saving five dear lives.

I am well pleased with the Alkaloidal Clinic and wish it the success it deserves.

J. W. Wyatt, M. D.

Brazos, Texas.

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Stand to your guns, Doctor. If your cases were not meningitis they look uncommonly like it. And any treatment that saves such cases deserves respectful consideration.—ED.

## EMETIN.

Editor Alkaloidal Clinic—I wish to add another word of praise for emetin. I have been using it for the last three years with much satisfaction to both doctor and patient. During the last month or more we have been in the midst of an epidemic of the worst type of measles I have ever seen. Among other very severe symptoms the patients have the dryest and most distressing cough I ever heard. While other remedies failed to give any relief, emetin gr. 1-32 to gr. 1-16, every half hour to one hour, sometimes combined with codeine gr. 1-3, hyoscyamine gr. 1-250 and cicutine hydrobr. gr. 1-67 give relief in a short time.

What made me appreciate emetin more than ever before, my druggist failed to order a new supply before the medicine gave out. I was left for three weeks without emetin, and my best substitutes failed miserably. Some would promptly nauseate the patient, but none gave much relief. I hardly know what price I would not have been willing to pay for 500 or 1000 emetin granules. Apomorphine might have made a very good substitute for emetin, but unluckily the druggist was out. I hope never to be without emetin in my case again. I find no substitute for it, with me.

G. M. JAMESON, M. D.

Buda, Texas.

## PRURITUS ANI.

Editor Alkaloidal Clinic—I am becoming more and more interested in alkalometry. Have just been giving aconitine some experimental study, which gives me the pleasure that success yields. I cured the case of pruritus ani that I wrote you about some time ago, with bismuth subiodide, which was first used on aim simply because I had tried many other things without avail, and I happened to see a vial of it on my shelf, when in desperation I was hunting for something to try. The relief following the first application of the powder was almost

instantaneous. The cure was not complete, however, until I used a hard-rubber applicator partly filled with the powder so that I could apply it above the sphincter. After one week of this treatment he was well. Of course the medicine is still applied occasionally after defecation as a prophylactic, but now after two-and-a-half-years of suffering the contrast is wonderful.

Oily preparations should seldom if ever be used for this trouble, and antiseptics to be efficient must be non-irritating as well.

W. D. GADDY, M. D.

Lovett, Ind.

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Doctor, we thank you for this little pointer, which though "small" in the sense of the space it occupies above is big in promise. We have prepared a supply of the remedy and are laying for an opportunity to try it. Further reports solicited.—ED.

### DOSAGE.

DEAR DR. ABBOTT-Please accept thanks for a copy of your "Helpful Hints" duly received, together with your letter of the 27th ult. And allow me to congratulate you upon the results of your efforts in getting up so useful a pamphlet. It should prove of especial value to those physicians who have as yet given little attention to the advantages of alkaloidal therapeutics. As you are aware, there are those who, though having a general knowledge of the alkaloids and other active principles as gained from textbooks and lectures, still cling to the Galenical preparations through fear of bad results which might follow the use of these more active agents. They seem to forget that greater safety is to be found in the increased accuracy and reliability of strength in these new agents. Others seem to fear that by adopting alkaloidal medication in general practice they would be departing from the old lines and adopting a new set of principles. A perusal of the CLINIC and "Helpful Hints," should aid in overcoming such false notions.

I think that more lives are sacrificed through lack of courage to make use of the means at command than from poisoning by over-dosing. To illustrate: I was called in consultation to see a man eighteen miles dis-Upon arrival just before night I found him in a condition of utter prostration, with a cold sweat pouring from him faster than it could be wiped away. Recognizing the gravity of the situation and learning from the three physicians in attendance that no atropine or belladonna had been administered I advised that a hypodermic injection of atropine be resorted to at once. None of them being prepared they wanted to know if I had any with me. I had and I immediately injected atropine, gr. 1-30, and in less than half an hour had the satisfaction of seeing the perspiration stop and the man rally. Strychnine arsenate and other measures were followed in due time. Having to remain over night atropine was again used hypodermically with a recommendation that it be repeated from time to time as indicated. The man made a good recov-

I have found physicians who did not use the hypodermic syringe because of some supposed danger. I have been called to see patients in convulsions or in extreme pain where the attending "doctor" told the messenger to have me hurry for he was afraid the patient would be dead before I got there. Upon arrival I would open my hypodermic case (containing syringe, needles and 32 or 33 tubes), and inject perhaps ½ gr. morphine with atropine, and have the patient easy inside of half an hour. Or in other cases three or four such injections might be needed.

Heroic doses, do you say? Yes, but I had the courage of conviction; and though I have been in practice since 1857 I have never yet had bad results follow. I know that in atropine I have a perfect antidote to morphine should I administer too large a

dose; and I take chances where I would advise younger practitioners to go more cautiously.

But, as before stated, I believe more lives are lost from lack of proper dosage than from over-dosage. And to offset this I regularly carry my case of Dosimetric granules; and tell my patrons that I give anything from a pint to a pailful-big pills or little pills.

Doctor, I hope you will excuse the infliction of this long dissertation at this hot season. It was unintentional, but I know not where to stop after having once started. I almost feel that I know you personally from reading the copies of the "ALKALOID-AL CLINIC" sent me from time to time, through your kindness, and also for your kind personal letter, for all of which please accept thanks. I have been a reader of the "Dosimetric Medical Review" from its commencement, and will now become a subscriber to the "CLINIC," as per enclosed or-W. W. HIPOLITE, M. D. der.

De Vall's Bluff, Ark.

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This is a very sensible letter on the subject of dosage to which I am glad to give In the words of my eminent coworker, Dr. Waugh, the dose is enoughenough to produce the effect desired.-ED.

## HUSA.

Editor Alkaloidal Clinic-While it is not to be expected that an American medical editor be versed in a Slavonic tongue, as well as an originator of a great remedy, I am surprised that not one apparently has stumbled on to the fact that husa is a Bohemian word meaning goose, pronounced hossah. H.Kunze, M. D.

Ashton, Neb.

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This explains why Winthrop selected the name for his mixture. Morphine to cure the morphine habit; husa for the-man - who buys it. He evidently believed that goose would agree with goose.

# ACNE.

Editor Alkaloidal Clinic-To my patient with general acne, I gave salines and calcium sulphide, and obtained a perfect cure. I had taken her to a specialist, but he had nothing to offer. In an adjoining block is a firm that manufactures tablets. As their calcium sulphide was much cheaper than that of the Abbott Co., I gave it a trial. So far as results are concerned I might have given her that much chalk, for though she took nearly 500 tablets she never once tasted it. Before she had taken a dozen of Abbott's she tasted them.

I take this opportunity to express my appreciation and approbation to you for giving space to the consideration of Sexual Hygiene. I am nearly fifty, a wife and a physician, and deeply interested in social and moral ethics. I have been State Superintendent of Health and Heredity of W. C. T. U., for sixteen years, and I know there is a lamentable need for information along these lines. This thought was so forcibly borne in upon me that three years ago I read a paper before the State W. C. T. U. Annual Meeting, entitled "Neglected Instruction." This year I was requested to present something similar for the State S. S. Annual Meeting. On both occasions my paper elicited the most attention and commendation. I do not say this in praise of myself, but to show that people listen gladly to instruction along these lines. No one has such opportunities to do good here as the physician. There is next to nothing in our literature on these subjects. We know that physical and moral troubles arise from ignorance. The physician should be in-MARY S. WHETSTONE, M. D. formed.

Minneapolis, Minn.

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Doctor, these little notes of appreciation are valued by us more than we can tell. This matter was entered into by us from a sense of Duty; and we learned at our mother's knee to spell Duty with a big D, and have never forgotten it.-ED.

## CALCIUM SULPHIDE IN PYELITIS.

Editor Alkaloidal Clinic—Mrs. F., age 28, presented herself with the following history: Under treatment for two years for chronic Bright's disease, both regular and homceopathic; was told that she would not live the year out, which preyed upon her mind so that she was in profound nervous exhaustion, and exceedingly melancholic; some anemia and emaciation, no dropsy, temperature normal, dull pain over both kidneys, radiating down the ureters, tenderness in the lumbar region but no swelling, urine, normal quantity, reaction acid, albumen, pus and blood, specific gravity 1030.

This condition had existed for over two years, with poor health but never actually sick. She would feel well until she saw her urine; after voiding it she would cry, and become despondent. She told me that if she could but void urine perfectly normal in appearance, she would not consider herself a very sick woman, as the lumbar pains and associated symptoms were not severe enough to alarm her or cause much suffering.

I diagnosed the case as Pyelitis, and put her on the following treatment: Light diet, rest, lithium citrate grs. five, four times daily, in a glass of water; Gude's Mango Ferri Peptonatis sol.

In a week the patient reported to me again, felt slightly improved, not quite so anemic. Two weeks later her color had improved and she felt much better; urine, specific gravity 1030, acid, 40 oz., no blood, but it still contained albumen and pus. I then put her on calcium sulphide, gr. 1-6, one granule every two hours, and told her to report again in another week, and to keep up the Gude's Pepto-Mangan and lithium citrate as before.

A few days ago she presented herself at my office and in a very cheerful manner handed me a bottle of freshly voided urine, which to my surprise I found, with the exception of a little cloudiness, to be perfectly normal; no blood, albumen or pus.

I have instructed her to continue the same line of treatment, with the addition of strychnine arsenate, gr. 1-134, every two hours, and feel very sanguine as to the outcome of my efforts.

I have written this case up to emphasize the value of calcium sulphide in all suppurating conditions. But it must be pure, and not the cheap product that is usually used without success.

S. CLIFFORD BOSTON, M. D. West Grove, Pa.

## NUCLEIN IN TYPHOID FEVER.

Editor Alkaloidal Clinic—I have used Nuclein (Aulde) in one case of supposed typhoid fever, at least the case had all the characteristic symptoms. In four days after I began with the nuclein the fever abated. This was the seventh day of the fever. If you have any literature on the subject please send it.

I am now giving nuclein to a child two years old with chronic entero-colitis. The child is very much emaciated. How much shall I give and how often?

F. G. Cosby, M. D.

Sebree, Ky.

Reports of the value of Nuclein, (Aulde) in typhoid fever and wasting diseases are constantly coming in. The experimental stage is long since passed. Nuclein (Aulde) is all right. The Abbott dose is two to ten drops two to four times daily; children in proportion.—ED.

# HEREDITY OF ACCIDENT.

Dr. G. W. Harvey, of Salt Lake City, writes us of a man who at the age of 52 met with an accident resulting in paralysis of the lower extremities (paraplegia). The man's father, and the father's father, had met with similar accidents, at the same age, and with the same degree of disability fol-

lowing. Obviously the accidents had no more reason to be considered hereditary than the maternal impressions discussed in our pages; but the question comes up whether the paralysis was not hereditary and the assumed connection of the accident therewith simply a coincidence. The accident may have induced the onset of a malady that was due at the time.

## CALOMEL IN HEMATINURIA.

Editor Alkaloidal Clinic—You add Dr. Couch's method as a third in treating malarial hematuria. It consists of a wholesale denunciation of calomel and quinine (we are alike as to the latter), with his "outline" of "Antiseptics," boiled drinking water and "cold sponging." We are in common as to all the rest of his remarks. Why does not the learned gentleman enlighten us in a more specific way and not generalize so much?

My imperfect effort at writing was intended to elicit from the brethren their views, and the gentleman from Kansas writing in a recent number has added somewhat to the store, by giving his experience.

Since Jan. 1, 1899, I have successfully treated six cases, and lost a seventh case to-day. She was an octoroon, forty years old, married, had suffered thirty-six hours before sending for me. Negroes rarely have it and are ignorant of the disease, hence the delay until she grew unconscious. Pulse 140, breathing 40, temp. high, though I did not try to take it. Blood-colored urine. Did not expect to save patient and so informed husband.

Now as to my treatment. Mr. Editor excuse repetitions and additional details amending last article: First step, heroic calomel, ipecac and podophyllin doses which (also fly-blister over liver, stomach and spleen) take case to get through the system rapidly. Follow with castor oil and turpentine, ten or fifteen drops, aided by enemas.

I have one time used one pint of olive oil, hot, where peristalsis was suspended obstinately. This was given in three parts, one hour apart, until copious actions were had. Afterward the calomel is given in one grain doses, combined with bismuth, every hour until elimination is completed and the urine clears. Should ptyalism threaten, quit the calomel and use sodium hypophosphite, gr. xx to xl, in solution every two or three hours.

Give strychnine gr. 1-60 to 1-30 according to the case.

To anticipate kidney suspension, inject the normal saline solution into the colon, either by a tube above the sigmoid flexure or by an ordinary fountain or bulb syringe. I can educate patients to hold the enema in one or two days. Place body on left side (use towel to anus), which favors gravity above the sigmoid. If enema returns repeat it and soon the patient learns control of his sphincter ani, and can holdvarying amounts from a pint to two quarts, for an hour or more. This enema is needed to supply the body which has become emptied of its fluid. Often the stomach rejects for hours the ingestion of water, lemonade or other drinks, leaving the system without sufficient fluids. Repeat enema every two or three hours. Nourish the patient throughout as he is able to take nourishment. For the anemia which follows and the nervous vomiting, or "brain vomiting," which sometimes remains, a palatable form of pepsin will help the stomach to behave well in retaining the tonics and other nourishment. Stay with the patient as much as possible to meet changes. I staid three days and nights with one this summer and gave calomel every hour from Friday at 3 p. m., until Sunday morning (I gr. dose) when he spoke of gums. Changed to the sodium hypophosphite which I continued three or four days at lengthening intervals. first was dark prune-juice color and by afternoon Sunday entirely cleared.

Attention to detail and close observation

of every stage in the condition will insure cures, provided always that treatment begins before the vital fluid is too far disorganized. Six to ten hours is usually within safety time limit. Do not try to clear the urine too rapidly. Let it alone as an index to patient's condition showing the results of your work at every stage. This last precaution I consider the most valuable principle applying to the treatment of the disease, as given me by my preceptor, who has practised medicine forty years. The principles he taught me are the things I thank him for. The newer Materia Medica is open alike to him and to me and doubtless there are some variations in our uses of medicaments; but God forefend that I should ever irreverently speak or think so of the noble men who built before us. Yet "the pigmy on a giant's shoulders sees farther than the giant."

As a parting shot in the defense of calomel in large doses, I want to ask who has measured the amount which can be assimilated?

When the fullest physiological effect is demanded, who is able to say how much or how little will suffice? And if the residue passes inert through the alimentary tract as is claimed where is the injury done the patient? Fred M. Brougher, M. D.

Belen, Miss.

# THE DOSAGE QUESTION.

Editor Alkaloidal Clinic—The Alkaloidal form of medication is certainly all right, but the alkaloidal granules are made in entirely too small doses to amount to anything in my practice. For instance: What could be expected from giving 1-6 gr. of bismuth subnitrate in any disease where it is indicated? Nothing! worse than nothing, because one is fooling valuable time away with such insignificant doses. Again: I have tried the Defervescent Compound and the Dosimetric trinity over and over, and have never been able to get scarcely any

benefit from them at all. But when I would drop them and use instead antipyrin, acetanilid comp., phenacetin, etc., I would get the desired effect in a short time. I have tried these remedies in various ways, and am thoroughly satisfied that they do not fill the bill for me.

I was sorry and much disappointed, because I naturally lean toward eclecticism or vegetable preparations, and of course the alkaloids would be the *ideal* form of using such medicines. Besides I do not consider the so-called phenols entirely free from danger.

Again, the doses of many of these granules require to be given so often that to most regular physicians, and patients as well, it is very disagreeable, annoying, and amounts to almost a nuisance. The doses are entirely too small for effective work. Some of the tonic preparations I use and like very much. Most of the arsenates are good. Some of the comp. tonic preparations are fine.

"The Alkaloidal Clinic," I think a great deal of. In fact I like it better than any other journal I take, because it has so many practical things in it; suggestions that are highly useful to "every-day practicioners."

J. S. Herndon, M. D.

Ashland, Oregon.

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I wish we had Dr. Herndon's picture so that we could see the face of a man who has the courage of his convictions to speak right out and say what he thinks. We don't all have to think alike. What an insipid world this would be if we all were of the same opinion in everything.

The doctor's criticism of bismuth subnitrate, gr. 1-6, is much as it would be to object to a child's show because it is not big enough for a man; and I quite agree with him that valuable time would be lost when large doses of bismuth are indicated by giving one granule, gr. 1-6, to an adult every two to four hours as it would be to the man in a hurry to catch the train in trying to put

on a child's shoe when a No. 10 is the smallest that would fit him. If, however, the doctor wants to get a soothing bismuth effect on the stomach of a sick baby let him give one granule, gr. 1-6, every five to fifteen minutes for a little while and see how much nicer the baby will take the little granule than it will the big powder or the nauseating mixture and how much less drug it will require to produce the desired effect, and effect is what we all look for regardless of the amount of drug used.

In his criticism of the Defervescent Compound (aconitine gr. 1-134; digitalin, gr. 1-67; and veratrine, gr. 1-134) and the Dosimetric Triad or Trinity (aconitine gr. I-134; digitalin, gr.I-67; and strychnine arsenate, gr. I-134) as against the derivatives of the coal-tar series mentioned the doctor loses sight of the fact that the former are physiological remedies while the latter are not. The former inhibit the action of the heart, dilate the capillaries and help nature, by removing the cause, to stop the reaction while the latter with a great crush put out the fires which are but a symptom, regardless of all after-effect. It is sufficient to compare the method of convalescence after the respective treatments to satisfy any thinking man that it is better and safer to use the physiological remedies in a natural

Not that I would decry the coal-tar de-Not at all. They are the right thing in the right place and I often use them, but their place is not properly as broad as that which they now occupy. In treating disease manifestations we should not forget that the patient is interested in the result and wants as good machinery left in life's workshops as possible after the fever and pain are over. I am glad to note that the doctor recognizes his conclusions as purely personal; for they are refuted by the daily experience of our 20,000 American physicians to say nothing of our many brethren in France, England, Germany, Spain, Portugal, etc., where the principles of alkalometry have had a strong and growing following for many years. His conclusions are not only personal but his criticisms regarding dosage, etc., are purely theoretical—not tenable for a moment. It has been an experience that the laity is much more prompt to recognize the advantage of the small dose frequently repeated than the unthinking physician is; and one of these days they will demand the universal acceptance of ways that cure cito, tuto et jucunde and the discarding of those the use of which is fraught with so much unpleasantness, procrastination and constitutional death.

When "the dear public" gets fully awake, and the time is not far distant, there will be a great hustling on the part of the croakers to get into the band-wagon. Seats are being taken rapidly but we'll try to reserve a few on the bleachers.—ED.

## AN APPRECIATIVE WORD.

DEAR DR. ABBOTT — Regarding your "Pocket Therapeutics and Suggestions for Clinical Application," I am very greatly obliged for the copy sent me, and have already experienced great benefit from even a partial perusal.

I believe such helpful suggestions—concise and to the point—cannot fail to do a vast deal of good—for our patients and ourselves—particularly in "rush" times when one cannot possibly take time to indulge in more comprehensive reading.

Ross B. Rowe, M. D.

Strasburg, Pa.

#### NAIL IN THE FOOT

Editor Alkaloidal Clinic—If you had said, apply the following wet dressing, I think it would have been perfect: R. Thymol crystals 20 grains; alcohol I oz.; glycerin q. s. to make a pint. I have found this a very nice dressing for nail-in-the foot.

C. H. Moore, M. D.

Oakfield, Wis.





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Your Editors & W. C. ABBOTT, M. D. W. F. WAUGH, M. D.

PURPOSE OF DEPARTMENT.—To give our readers the benefit of the experience of prominent workers in various special fields. Any reader is permitted to ask questions direct to any department worker whose name is here given and a reply will be made in the next issue of the CLINIC. If "personal" replies are also required, a fee of \$2.00 must accompany the query. We trust that all who have occasion to do so will make free use of this opportunity.

## PRACTICAL THERAPEUTICS.

CAROID.

A claim that a digestive ferment possesses all the characteristics of all other digestives, and much besides, is of interest. Such a claim has been made for "Caroid," the digestive ferment of Carica-Papaya. Chittenden stated that Caroid emulsifies fats, digests proteids, converts starch, curdles milk, then attacks the casein making it soluble and

of the editorial staff, for the benefit of our readers. The results present a remarkable evidence of the value of Caroid, and indicate that is is not a single ferment, but a combination of digestives, wholly different in character from any of the animal products. Neither of the animal ferments nor any combination will yield the results secured from Caroid. Animal pepsin shows action upon albumen *only*, and when the albumen is finely ground and suspended in a large



Fig. 1.

diffusible; it acts in alkalies or acids, and is not interfered with by many drugs which totally inhibit the animal ferments. There are tests that can be performed by any one without the aid of a laboratory, so that no one need be in doubt as to the remarkable qualities claimed for the article.

In view of the immense significance of these statements the CLINIC has seen fit to have the tests made under the supervision



Fig. 2.

volume of water. Caroid acts under actual conditions as they exist.

A raw steak weighing about ½ lb, was placed on a plate. Four or five grains of Caroid were rubbed well into the meat, and it was then allowed to stand six hours in the ordinary office temperature, after which time the texture of the meat was seen to have been broken down, and the whole, except the bone, in the condition of a salve or

jelly. Saccharated pepsin tested under similar conditions showed no perceptible action. This experiment was also made with Ca-



Fig. 3.

roid and hydrochloric acid and also with Caroid and sodium bicarbonate. The results were equally favorable, the alkaline mixture appearing to act somewhat more promptly. It was demonstrated beyond reasonable doubt that Caroid has a powerful digestive action over meat, and that this goes on irrespective of the presence of acids or alkalies. Similar experiments upon mixed food, containing all the constituents of a full meal, showed that neither fats, starches nor any other digestible elements escaped the action of Ca-



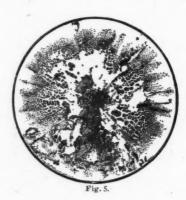
Fig. 4.

roid, while the undigested residue was inconsiderable.

The persistency of Caroid digestion was

shown by the following test, which proves that its action upon meat fibre is continuous, and is not interfered with by washing or by fluids in which Caroid is soluble. This action is best understood by reference to the cuts.

Cut No. 3 shows two ounces of lean raw beef, into which had been rubbed four or five grains of Caroid. After allowing the meat to stand a half hour, it was transferred to a filter, which was encased in a muslin bag, and the bag containing the meat was then placed under a faucet of running water and allowed to remain for three hours, (See cut No. 4) after which it was allowed to stand in the ordinary living-room tempera-



ture for three hours. Cut No. 5 shows the final result—the meat having been all digested, save a small residue of gristle.

Five grains of Caroid were stirred into a glass of fresh, pure milk, heated lukewarm. The immediate effect noticeable was the curdling or separation of the casein, followed by the slower secondary action in which the curd is entirely dissolved and converted into soluble and assimilable product.

We conclude from these experiments that the claims made in behalf of Caroid are fully warranted, and that we have in it a digestive without parallel.

W. C. ABBOTT, M. D.

Ravenswood, Chicago.



The great amount of material that has over-crowded our "Miscellaneous Department" in the past, renders the establishment of this new department a necessity. The essentials of a long letter can often be put into a few lines. Many have important questions they would like to ask but do not for lack of time to write a "paper". It is for just these that this space is given.

Queries coming to this department prior to the 15th will be answered in the issue of the month if possible, and if your editors do not feel able to give the information desired, the point in question will be referred to some one who is; while at the same time this, as well as all other departments, is open to the criticism of our readers. Free thought and free speech rule in the CLINIC family.

I wanted to use "Nuclein" for an old friend, who is treated by the nearest physician. I was called in consulation and advised nuclein. The physician told me that he had used Protonuclein, with unsatisfactory results and was therefore against my prescription. Since then therefore against my prescription. he has given his consent that nuclein may be used, with the "Thermo ozone Generator." A solution is required for that. But I am puzzled somewhat as to the benefit of giving nuclein for the following reasons: My friend has been quite busy for years; neurasthenia has taken place, digestion suffers, etc. If in his and similar cases there is a want of red corpuscles, and nuclein as is said forms white corpuscles, ought it to be given in his case? You, with your experience in the use of the remedy, will be able to answer. If so, what would be the dose in quantity and frequency?

My reason for recommending nuclein is this: In these cases of neurasthenia where iron is indicated, as you say, it is often difficult to get the iron to remain in the body. It does not stick, but passes out as fast as it is given. In such cases we find that the administration of nuclein at the same time seems to enable the blood to take up and hold the iron. This has been my personal observation. It is one of the most interesting features of nuclein-medication, and this seems to me one of the most promising new features in therapeutics.-Eo.

Query 785. A blacksmith, aged 70, eight weeks ago fell unconscious and is now very nervous, unable to lie down. As soon as asleep in his chair he stops breathing until his blood is surcharged with carbonic acid, when he arouses with an attack of dyspnea and nervousness. He can only breathe while awake. E. D. S., Ind.

Your case is one of the most interesting I have ever had brought before me. There is evidently a failure in the function of the respiratory center. To what is this due? Is there for any reason an increase of the arterial flow to this part? If there are any indications of heat or excitement at the base of the brain apply counter-irritation to the nape of the neck.

Stimulate also the respiratory centers by

strychnine and atropine, both in full doses, pushing them up to the fullest amount the man can stand, giving atropine until the face is flushed and the pupils dilated and keeping them so, giving strychnine up to 1-20 of a grain every two hours, and double this if necessary, because men of his age stand enormous doses of strychnine; but give it until there is some twitching of the muscles, showing its action.

In addition give zinc phosphide, gr. 1-6, three times a day, to improve the nutrition of the nerve centers. See that his bowels are absolutely unloaded and keep them free and aseptic. It is just possible that an impacted mass pressing against the diaphragm may cause symptoms of the kind.—ED.

Query 786. A MAN, 38, in summer, after bathing, feels as if the hair on his body were pulled. He cannot bathe in cold water at all. He can bathe in hot water but as he gets cool it affects him. He has been treated with magnesium sulphate, and calcium chloride in doses of gr. xx, three times a day. No results.

The case is a singular one and shows an irritability of the skin which is most remarkable. By all means keep him out of the water. Let him try inunction with some absolutely pure oil, cottonseed answering if not rancid. After rubbing the entire body with it let him rub with a woolen cloth to take off the surplus. Let this be done every day. It might be well to add a few drops of oil of rose, because this seems to have the property of smoothing the skin, and if you get a smooth surface there will not be such a necessity for frequent ablution. When he has the irritation give him pilocarpine enough to cause sweating. It is singular how this drug relieves irritation of

I do not quite see why you give calcium chloride, a very excellent remedy for hemorrhages. Please let me know your indication as it is a new one to me. his bowels absolutely clear and aseptic. You might give him zinc phosphide, gr. 1-6, three times a day, to alter the nutrition of the nerve-centers, and thereby improve the condition of the skin, as many of these socalled dermic affections are simply trophic manifestations of disease of the nerve-centers.-ED.

Query 787. A MAN, 32, had synovitis in child-hood for which the leg was amputated. Three years after he began to have an eruption on his head, scaly, moist, bleeding, continuing from his 18th to 20th years, then leaving him for seven years, then recurring at intervals for five years. A year ago it began to get worse, breaking out in vesicles, coalescing, exuding freely, forming large scales that drop off and leave bleeding points, scarring if removed permanently, worse on head, then on chest, back, forearms and back of hands, little on sound leg. The urine is sometimes high colored and burning. One ear discharges

Treatment: Calomel gr. ij, once a week; Saline Laxative a teaspoonful every morning; strychnine arsenate gr. 1-67 before meals; calcium sulphide gr. i, and arsenic sulphide gr. I-67, an hour after each meal; vaselin, lycopodium, bismuth and citrine ointment locally.

T. G. L., Utah.

rine ointment locally.

The case is singular, and I am somewhat doubtful as to the diagnosis of eczema. It looks like a chronic staphylococcus infection, and I would have some of the discharge examined to see what micro-organism, if any, you are dealing with.

I have no fault to find with your treatment, which is excellent, only that I would use locally a red oxide of mercury ointment, from five to twenty grains to the ounce. And it may be well to improve the nutrition of the nerve-centers by a short course of zinc phosphide, gr. 1-6, three times a day. Reep the bowels clear and aseptic. may find that the irritation of the skin is due to the elimination through it of morbid matter absorbed from the alimentary canal.

When there is much irritation present in the skin meet it by the exhibition of pilocarpine in full doses, enough to cause pretty

free sweating.-ED.

Query 788. A wife, 35, now pregnant, has pain in the heart with dyspnea, and a return of en-dometritis cured some time ago by Waugh's plan. Her breasts are so large that local applications cannot be made. After the paroxysms of pain the breasts itch, and she rubs them till a slight discharge occurs from the nipple and the itching is relieved. The pain begins in the heart and to the left, and passes down to the left kidney or ovary.

W. C. D., Texas.

The case is somewhat doubtful. There is some interference with the normal functions

of her heart, and for that I would suggest the use of cactus, about five granules a day of our Cardiac Tonic. But first of all, before anything, see that her bowels are absolutely free and aseptic. Follow this with arsenic iodide four granules a day; the arsenic to increase the action of her heart and the iodide, which is very active in this preparation, to cause stimulation of the absorbents and get rid of some of the embarrass-So often I find that the whole ing fat. trouble disappears when the bowels are put in proper condition. -ED.

Query 789. A doctor has had otorrhea since childhood, has now morning cough, raising several drams; in '96 had chills, twice or more daily, thought to be due to gastritis from whisky, also slight hemorrhages during cold rides, slight brick-dust sputa since; drank whisky steadily but cured himself with strychnine arsenate and atro-pine hypodermically, and is now a total abstainer; works hard, exposed as usual, has lost some flesh, and neglected himself; sputa sent for examination. Streptococcus has been found repeatedly. The sputa contained a few tubercle bacilli. C. A. W., Missouri.

I advise mercury biniodide, gr. 1-67, calcium sulphocarbolate, gr. 5, with strychnine arsenate, gr. 1-134, together every two hours, increasing the dose of sulphocarbolate as necessary to produce inodorous stools, even up to 60 grains a day if the desired effect is not produced with a less quantity. Along with this give large doses of chemically pure effervescent magnesium sulphate early every morning, sufficient to produce one free, copious evacuation of the bowels. Also inject hypodermically ten drops of Nuclein (Aulde) every other day.

Let your diet be plain and keep out of doors as far as possible.

If the otorrhea and fetid expectoration do not cease in the course of a month, take halfgrain doses of chemically pure calcium sulphide at 10 a. m., 3 p. m., and bed-time.

If you take proper care recovery will no doubt result; but without it, tuberculosis

stares you in the face.

If the otorrhea has existed since childhood it of course cuts very little figure, but the fact that you have had a long-standing streptococcic infection does. See paper in August CLINIC. In addition to this I would advise an injection of Marmorek's Streptococcus Antitoxin, a full dose, 10 c.c., to be repeated in one week and then every two weeks for two or three times, until the desired result is produced.

An overland trip this fall might do you some good, but what you want to do is to live right, so as not to impose upon your resistance.—ED.

Query 790. I want a vaginal antiseptic wafer or tablet, after the manner of Micajah's, to be used in leucorrhea, vaginal catarrh, etc. How would the vaginal antiseptic, W-A., suit? How many are in a box? What is the cost? What is the best treatment for uterine prolapse, with seemingly no other disease? R. D. G., Tenn.

You can use five-grain tablets of zinc sulphocarbolate. I have used these many times with excellent results; but the W-A Vaginal Antiseptic has been specially prepared to meet this want and I believe it cannot be excelled. There are 120 tablets in a box, and for price would refer you to page 35 of the

A. A. Co's price list.

For uterine prolapsus, replace the organ and insert a well-fitting pessary. Then lessen the bulk of the uterus by the use of glycerin suppositories and tone the walls of the vagina by daily cold injections. With this treatment in three months your patient should be able to do without the supporter, unless the perineum is torn, in which case an operation is absolutely necessary.—ED

Query 791. I write in regard to a number of patients. They are pregnant and all menstruate some, maybe every other day, maybe a few hours every day, maybe not more than once in a week or two. Two of them have miscarried before. Three of them are pregnant for the first time. There is no cause, that I can determine, for it. What would be your treatment?

I see under your treatment for intermittent fever you give during the chill strychnine, phosphoric acid and glonoin. I do not find phosphoric acid listed, consequently cannot follow the treat-

ment.

Please inform me of the strength of your europhen-petrolatum mixture for endometritis D. F. P., Mo.

In regard to the pregnant women who continue menstruation, I should look upon this as due to a low insertion of the placenta, and would dread hemorrhage at the time of labor. I do not know what you can do better than give cannabis indicus at the time of hemorrhage, or when there is any uterine irritation, with macrotin five granules a day in the intervals; and by all means keep the bowels empty, as constipation irritates the womb.

The granule of phosphoric acid is not practical as it does not keep, but absorbs moisture and deliquesces. It is better to use

the phosphoric acid of the shops.

The europhen-aristol petrolatum mixture contains one dram to the ounce. This will not all dissolve, so that it is a mixture and not a solution.—Ed.

In answer to Query 674, I would suggest that the spots are the ordinary chloasma of pregnancy, due to excessive deposit of natural pigment in the rete mucosum. It is diagnosed from tinea versicolor by demonstrating the presence in the latter of the parasite, by the aid of the microscope. CINCINATI, O. A. G. KREIDLER, M. D.

Query 792. Enclosed find \$2.00 for examination of urine sent. The lady has suffered from cystitis since having la grippe eighteen months ago. She passes blood sometimes with urine, and has considerable pain during urination at times. She has a brother with Pott's disease, and has always been easy to take cold. I would be glad for suggestions for treatment.

C. M., Ky.

Spec. grav. 1033, volatile alkaline, albumen, phosphates and chlorides in excess, sulphates deficient; sediment of triple phos-

phates, pus and blood.

Note the high specific gravity of the urine, the presence of ammonia, albumen and the excessive phosphates. I would suggest the use of barosmin 10 granules a day, and five granules of hyoscyamine to lessen the irritability of the bladder. Also wash out her bladder with warm water containing a little hamamelis, and then throw in an ounce of europhen-aristol-petrolatum. Wash the bladder out every day and repeat the application once a week.—ED.

Query 793. I have a case of necrosis of long bones, in a girl eleven years old. No treatment has benefited her. Can you recommend or send me something for this case and make a reputation in this country? I think the necrosis is due to syphilis but am not sure. No history.

J. R. B., Mo.

It is probably syphilitic, and you know as well as I that if it is, after having gone its full length, it cannot be stopped. Why not put her on reconstructive tonics, like strychnine, iron and quinine arsenate, with Sanguiferrin, and see what comes of it? Hypodermic injections of ten drops of Nuclein (Aulde) every other day would be a good addition to the above treatment.

If there is an opening leading to the dead bone inject Villate's solution into it. You will find the formula in Waugh's book, un-

der Caries.-ED.

Query 794. I have a bad case of chronic gastralgia, and a bad case of asthma. Tell me how to cure them. L. T. P., Mo.

It is easy to ask questions, but not so easy to answer them. These of yours are tough ones, depending so much upon surroundings and the peculiarities of the individuals affected that I am not sure that an off-hand statement will be of any material benefit.

Try your gastralgia patient with zinc and codeine compound A. A. Co.: Zinc sulphocarbolate, gr. I; codeine sulphate, grain I-4; hyoscyamine (amor.), gr. I-250; strychnine sulphate, gr. I-134, giving one tablet every two hours to start with and then as far apart as possible to keep the pain controlled, with the expectation that it will grow less and less as the days go by. At the same time give freely of Saline Laxative every morning to keep the bowels open and feed the patient largely upon milk and bread. Copper arsenite, gr. I-250, may often well be added to each dose of the above.

The asthma case is easy if you remove causal conditions, controlling spasm with glonoin, one granule every ten minutes until effect; then give hyoscyamine one granule every one or two hours to keep the patient just on the edge of a dry throat, at the same time giving a granule of strychnine arsenate, gr. 1-134, increasing the strychnine until you reach the point of toleration. Having reached this point continue the dose for a few days and then drop back to about half the quantity and stay there for some time. This will bring about a state of physiological equilibrium, the lack of which is the cause of asthma.—Ed.

Query 795. A girl, three years old, since two months ago, has eaten nothing save the smallest quantity of potato. Water she drinks in good quantities. The mother assures me the child will drink a 20-pound bucket of water every night. She voids a large quantity of clear urine, spec. gravity 1005, some sugar; patient is nervous and scratches her surface a good deal; bowels constipated; sclerotic clear, bloodless, indicates her anemic condition. I pronounce this diabetes. What is the treatment? Does it promise anything at this age?

D. L. C., Mont.

The case is diabetes. Put her upon a strict antidiabetic diet and give her strontium lactate, five grains three times a day. Also, once a day, give pilocarpine to cause sweating. Keep the bowels clear with Saline Laxative, giving enough, no matter how much it takes. The prognosis is very bad for the age, but there is just a chance that treatment may prove successful.—ED.

Query 796. I have a case of what seems epithelioma on the face, a patch as large as a silver

dollar on the right brow. It has taken off part of the eyelid, been operated upon once, but not all gotten out. It doesn't seem to be as malignant as many I have seen, little infiltration, but under treatment has grown a little smaller if anything. I have used Papoid with fld ext. sanguinaria and glycerin, with a little water, applied with absorbent cotton; and given him Sanguiferrin and nuclein. Can you give me, any pointers? Can I possibly hope to heal it up? F. R. B., Ills.

Inject nuclein solution hypodermically as close to the growth as possible, using five drops at each injection and putting three or four injections at a sitting around the growth. Second, give a trial of thiosinamin, injecting five to ten grains hypodermically in some good, safe place like the gluteal region. Make an alcoholic solution, 15 per cent, take up the dose into your syringe and then five minims of a 2 per cent cocaine solution, and inject at once.—Ed.

Query 797. A man has headache once a month, resisting treatment, occurring on either side, in one eye or the other, the veins distended, tingling and drawing sensations from fingers going all over him. Purging does no good. Paroxysms last a week.

Z. O., Texas.

He is probably a big meat eater and uricemic.

Give your patient strychnine arsenate, two granules four times a day in the intervals. If the patient is full-blooded you had better add one granule of colchichine twice a day. When the attack comes on give him a purge and follow with a Migraine tablet every hour until he is relieved. If you have not the Migraine tablet you could substitute one granule each of hyoscyamine, strychnine arsenate and aconitine, repeating every half hour until relief.—ED.

Query 798. A patient suffers violent pain with swelling of skin, soft on pressure, near the outer border of the insertion of the right complexus muscle, on the occipital bone. He had inflammatory rheumatism nine years a no, in the ankles, legs and hands, finally settling in the right extremities. The rheumatism lasted six or eight months. This pain in the scalp came on after the rheumatism had lasted three or four weeks. This comes are intervals to the scale intervals. The rheumatism lasted six or eight occipital pain occurs at irregular intervals, sometimes a week apart, but often a day apart, and always in the early morning hours between four and eight a. m., lasts from two to six hours. Pressure relieves the pain. What can be done to cure it? He is 56 years old, well nourished, lives on farm now, was keeping a hotel at first attack. Has not suffered from rheumatism since. I'd like to hear through the CLINIC from any one who knows how J. S. M., Wash.

Your patient either has a syphilitic node forming on his skull, or else there is pus

forming there from some other reason. Give him the benefit of the doubt and also 60 grains of potassium iodide daily, with 10 granules of mercury biniodide, keeping his bowels loose. If, however, you are satisfied that there is pus, open with a free incision and treat in the usual way. I rather think the latter is the best thing to do. I am quite sure if that were my patient it would not be very long before my knife bit through to his skull .- ED.

Do you think nuclein would be Query 799. of any special benefit in softening of the brain? I am consultant in a case that puzzles me very much to discover the cause of the stupor and gradual decline of energy and strength. tack commenced with violent headache, The atlasted some three weeks, and since he has been in a state of stupor most of the time, but not in pain. I can discover no special lesion and we are now strictly on the expectant treatment. E. G. C., Texas.

Nuclein (Aulde) ought to be of value in softening of the brain, but in the case you mention I believe there is effusion, and would suggest the use of strong cathartics followed by mercury and iodides. you have the nerve to trephine him? There is evidently compression. I would do as suggested, physic him strongly and give full doses of Nuclein to try and set up curative action.-ED.

Query 800. I have a patient whose hair falls The warmer the weather, and the more he perspires, the more the hair falls out. What would you do for it?

W. L., N. C.

Give that man pilocarpine enough to cause slight sweating once a day, and as a hair-tonic use half a dram of quinine salicylate, in eight ounces of bay-water, following with lanolin cold cream to nourish the roots of the hair. A new preparation has just come to our office but we have not tried it as yet .- ED.

Query 801. In using europhen with liquid petrolatum, one to eight parts, for injection into the bladder in cystitis, kindly inform me as to what special liquid petrolatum you use. Do you use the higher refined product like Liquid Abolene and do you first sterilize it by bringing to the boiling point under pressure for a given time before you add the europhen, etc.? How much of the mixture do you inject at one sitting or time, and how often and for how long a time do you commend its use thus?

W. B. D., Kan.

With the europhen I use the purest liquid petrolatum to be obtained, liquid vaselin being the best we get. I have not seen that albolene is any improvement upon this. is sterilized when the article is prepared. I inject about one ounce into the bladder, and do not repeat it under four days, usually once a week; first washing out the bladder with warm water and a little hamamelis. I have only used it in a few cases, but it has answered very nicely each time.—ED.

Query 802. Please give me your favorite formula for a hair dye; also for hair tonic and oil combined. I save my case granules and tablets for special occasions for they are too precious to dispense promiscuously. R. C. B., Texas. dispense promiscuously.

If you write to Schering & Glatz of New York City, they can tell you of a hair dye whose name I forget, introduced by them eight or ten years ago but never, I believe, placed on the market in this country. It is the only one I could recommend. hair tonic, I would suggest quinine salicylate half a dram, in eight ounces of baywater, to be used every day, and followed by a little lanolin cold cream, well rubbed in to nourish the roots. I should be much pleased to hear from you the effect of these remedies; but don't expect the effect too

There is one thing far more precious than the granules, and that is the well-being of your patient; so don't be parsimonious when you believe them to be indicated.—ED.

Query 803. A boy of five had whooping-cough, followed by measles, with ulcers beginning in the mouth and extending to the bowels, causing severe diarrhea; stools green, mucous and bloody; not controlled by treatment. The sanitary conditions were bad, eight persons living in two rooms.

The father was 77, the mother 31. Convulsions set in at 6 a. m., and continued till the child's death at 11:20 a. m. At 8 o'clock the temperature was 108.5, and ran from 108 degrees to 109.4 till death.

S. L. H., Ind.

Even higher temperatures are not uncommon in measles. The case was malignant, and there was probably a mixed infection: the micro-organisms of measles attacking the red blood cells and others causing the ulcers and diarrhea. This was a case for brandy, cold externally, zinc sulphocarbolates and turpentine as intestinal antiseptics, and tincture of iron, all pushed unsparingly. Others besides Dr. Beynon will wonder why I gave the iron, but it has done the work in similar cases. Possibly the temperature center is beyond control and the iron arouses the systemic powers. At any rate it does the work.—ED.

Query 804. I send sample of urine for analysis. The patient passes less than a pint daily. She has been four months ill, being subject to attacks every spring for some years. They begin with pruritus after urinating, agonizing pains over the abdomen, bladder irritable and tender, stools fetid, right kidney enlarged and tender, food hurts stomach, sour belching not at a regular time after eating, sinking spells with coldness, headache, nervousness, some days comfortable and then a storm, has lost flesh. She is at the climacteric. There is ulcer of the os uteri, uterus large and tender, menses irregular.

O. F. W., Ind.

The urine showed sp. gr. 1026; albumen; chlorides, sulphates and phosphates deficient, and contained many pus cells.

You say she voids ten to sixteen ounces a day. Do you mean a day of twenty-four or twelve hours? We have assumed that you mean twelve hours, and the deficiency in the excretion of total solids is bad enough upon that basis, but if you mean that in a day of twenty-four hours she only secretes from ten to sixteen ounces then it is a deadly deficiency, and must be brought up by the liberal use of diuretics and systemic reconstructives.

The albumen present amounts to nothing in view of the above, and the fact that there is pus in large quantities in the urine. There may be obstruction of the right ureter.—ED.

Query 805. Please suggest a positive cure as a topical application for venereal warts. Have used the usual remedies without success. Also give a remedy for tape-worm.

J. H. B., La.

The Abbott Alkaloidal Company, Chicago, have an excellent tapeworm remedy, based upon chemically pure and fresh ethereal extract of male fern, fortified with chloroform and cathartics, the formula of which has been given in the CLINIC several times.

For the venereal warts, touch twice a day with a saturated solution of ammonium chloride, dust with Zinc Stearate, McKesson & Robbins, New York City, and cover with dry absorbent cotton.—ED.

Query 806. A woman, 45, climacteric; has jaundice, itching, no appetite; chills followed by fever, during which she complains of some epigastric pain, also pain in back at same level. Jaundice has been persistent for six months, varying in intensity.

S. H. G., Minn.

Duodenal catarrh extending into gallducts, probably gall-stones. Keep her bowels empty with sodium sulphate, and give copper arsenite, gr. I-250 and sodium succin-

ate, gr. v, four times a day. Use cold water enemas to relieve jaundice and pilocarpine to effect for itching.—ED.

Query 807. How much nuclein and Bovinine can I use, and how long? Does the latter relax the bowels? My baby four weeks since had cholera infantum, a desperate case. By the use of zinc sulphocarbolate and aconitine I tided him over. Since he seems unable to digest anything.

C. M. B., Ind.

As to Bovinine I have not found it relax the bowels. I have given possibly a ton of it in my time, and there is no contra-indication excepting plethora. You may give it for years. As to Nuclein I send you one of the pamphlets, which will give you full directions. I am pleased to hear of your success with your boy, but not surprised, as it does not take many trials of aconitine and the sulphocarbolates to show their superiority to the old treatment.

Give the child a little Peptenzyme each time he is fed, also Nuclein and Bovinine as you suggest, also a little bismuth subgallate, and wash out rectum with warm water. If peristalsis is too active, give atropine to full effect; if the bowels act from debility give strychnine arsenate; if there are signs of

ulceration give silver oxide.-ED.

Query 808. In a case of dysmenorrhea, Buckley's Uterine Tonic enabled the patient to pass her period with ease. She still has tenderness at the seat of injury; has had one comatose paroxysm.

In a case of renal colic the granules proved a wonder.

What can I do for these spells of coma, and the tenderness in the broken ribs?
W. H. M., N. C.

I am glad you have succeeded with the tonic. We get very favorable reports from it as a rule. In regard to the comatose condition I would suggest, glonoin and atropine. For the tenderness in the ribs give arnicin internally, 6 or 7 granules a day, and apply a coat of Antiphlogistine over the skin. Perhaps an old-fashioned Burgundy pitch plaster would do some good.—Ep.

Query 809. A clerk had every symptom of typhoid fever for two days; epistaxis, tympanites, watery stools, muscular soreness, rose spots on abdomen, temp. 101 to 103 degrees, etc. I gave him one dose of calomel, opium and ipecac, and followed with zinc sulphocarbolate gr. v, every two hours; also Lactopeptin elixir, and sweet spirits of niter with ten drops ess. gaultheria. In six days he is free from fever and doing well. Is

there anything in the gaultheria, or did the zinc do it all? If he had not typhoid fever I never saw a case in 35 years' practice.

W. S. C., Va.

Many thanks, Doctor, for your little report. You can credit that to the sulphocarbolate. There is a little salicylic acid in gaultheria but not enough to have any effect—Ep.

Query 810. The principal troubles I meet are malarial fevers and bowel affections. Can you give me something better than quinine, calomel and ipecac? If I can once get the hang of the alkaloids in these maladies I will be in shape to use the granules alone. In pneumonia I have used them and have earned the reputation here of being the best doctor for that disease. Yet I rarely do much besides opening the bowels, use aconitine, digitalin and strychnine arsenate, and sometimes give a little codeine.

R. H. P., Tenn.

Break your chills and fevers with our Dolor Pyrine (I know of nothing better), giving one tablet every two to four hours. It is well to instruct your patient to crush them in the mouth before swallowing. In addition thereto give every alternate hour one Dosimetric Trinity, one quinine arsenate, gr. 1-6, and one tablet of Nuclein (Aulde.) You will have splendid results. Am glad to note that you have used the granules with such excellent success thus far. In some cases it may be desirable to use quinine hydroferrocyauate instead of the arsenate.

But keep the bowels aseptic. Copper arsenite often does good service here. Keep the quinine arsenate going for a couple of weeks.—ED.

Report on Query 731. Our patient is improving, on copper arsenite. She has pain when her stomach is empty, relieved by food. Fresh tomatoes do not hurt her She cannot take milk and raw egg.

B. L., Ky.

As she does not take milk and egg well, substitute fresh grape-juice, pressed from the grapes not more than an hour before it is swallowed. Let her try this and if it agrees give all she can take. I have no further suggestions in regard to the treatment, believing that which you are giving will be sufficient, but do not let her stomach become acid. She had better have an alkali standing on hand to take whenever any burning shows itself.—ED.

Query 811. Does the administration of iron to phthisical patients increase the liability to hemorrhage in persons predisposed to it?

A. M. B.. Tenn.

I believe that it does, and have had that sad experience.—Ep.

Answer to Query 672. Here is a prescription for removing "Tattoo Marks": Take glacial acetic acid and lard; rub the spot well with it, then with a solution of potash, and finally with hydrochloric acid until removed.

Detroit, Mich. Anna Starring, M. D.

Query 812. A man, 90, has enuresis by night and dribbling by day. He is a strong, active man.
J. A. C., Ind.

These cases sometimes respond favorably to treatment by fluid extracts of corn silk and saw palmetto, ten to thirty drops of each, four times a day. In others one to three granules of brucine with a drop of tincture of cantharides, every one to three hours, increased to effect, prove beneficial. There may be and probably is, retention with overflow. Or, the prostate may be enlarged, when hydrastinine is indicated.—ED.

Query 813. A wife, 22, menses irregular for four years, vomits immediately after eating, obstipation, comedones, left ovary tender, uterus congested and tender, slight vaginismus, extreme debility, hysterical, temperature rather sub-normal.

R. Ind.

Inquire into the sexual relations; examine the clitoris and the rectum, especially for tight sphincter, which must be dilated. Empty the bowels by colonic flushings and keep them open with Saline Laxative rather than the anticonstipation granules. Keep the bowels flushed and the vomiting will cease. There is so evidently a source of reflex irritation and nerve-leakage that I do not like to prescribe medicine until that has been found and corrected.—Ed.

Query 814. I have a case of ovarian dysmenorrhea with some heart-symptoms, and a flow for six days in an otherwise healthy girl of 16.

W. R. S., Ills.

I would suggest Buckley's Uterine Tonic for the case you mention, giving a granule every two to four hours during the painful period, with hydrastinine in the intervals, three to six granules per day; the latter to check the tendency to excessive flow. Keep her bowels regular also with Saline Laxative. Leave her on calcium chloride, seven grains a day.—ED.

Query 815. I send a sample of urine for examination. A girl, 21, anemic; gastric distress for years, water causing pain; eats little, constipated, urine 7 oz. in 24 hours, pain after passing; pain in bladder and at meatus; menstruates every 10 days.

N. J., Kan.

The urine was ammoniacal, deficient in the total solids excreted, in chlorides, sulphates

and urea; phosphates in excess.

The irritation of the bladder is due to the concentrated condition of the urine rather than to cystitis. Possibly the hemorrhage is due to the same cause. I would suggest that you empty her bowels by repeated colonic flushings, with the Hepatic Eclectics, one every two hours until you are satisfied that the bowels are empty. Then keep them regular by a morning dose of Saline Laxative. Internally give iron arsenate, 1-67 grain every waking hour, and caffeine valerianate the same dose, to stimulate the kidneys. Let her diet be nourishing, with an abundance of fruit juices.

If the menstruation continues to be excessive, I would add to this hydrastin, three granules a day in the intervals, increasing to seven when the flow is present.—ED.

Query 816. A steel polisher for 17 years; has malaria, catarrh,a short hacking cough, raising yellowish mucus; physical signs negative; temperature usually normal; treated by cod liver oil, hypophosphites, nasal douche, 8 grains quinine a dav; much better except that the malaria returns as soon as the quinine is suspended.

F. E. L., Mass.

Your patient has that form of chronic pneumonia known as steel-cutters' consumption. Your treatment is good. I would suggest the use of Nuclein (Aulde) and quinine arsenate 1-67 grain every hour while awake with seven granules of sanguinarine daily as a stimulant to the mucous membrane to throw off the offensive substance. Keep his bowels regular and aseptic. By all means have him change his employment, as otherwise he is a doomed man. Ouinine arsenate is better even in small doses than the sulphate in large ones. Recently berberine has been recommended, as it powerfully contracts the spleen and forces the malarial germs out into the blood current where the phagocytes can go at them. Give berberine, a granule with each granule of the arsenate. Also unload the liver occasionally by giving a scruple of blue mass.

Query 817. Shaller's Guide recommends quinine arsenate, gr. 1-6 to adults; gr. 1-67 to children. Does this mean to give a child one granule at a dose, or to give by his aconitine rule?

F. R., Ills.

It depends altogether on the case. For actual intermittent fever I would give a child r-67 of a grain at a dose, but as a tonic I should use the Shaller rule, one granule each year and one additional, in three ounces of water, a teaspoonful every half to two hours.—ED.

Query 818. A tubercular girl; much disease of larynx, voice a whisner, temp. 99 to 103 degrees, cough bad, losing flesh, upper two-thirds of left lung solid, no cavity. I have given guaiacol carbonate, arsenic, quinine, iron, strychnine and Phospho-Albumen, but the gain is unsatisfactory. Would nuclein be better?

A. P. R., Colo.

I would certainly recommend a trial of Nuclein (Aulde) in this case, with the addition of calcium sulphide, seven grains, or the W-A Intestinal Antiseptic, 40 grains, a day. Inject the nuclein hypodermically, 20 minims once a day. If you relieve that case you will do wonders, Doctor, for the laryngeal trouble is notoriously difficult to cure.—ED.

Query 819. In regard to Query 327: The woman seemed well, soreness gone, when suddenly she was seized with intense pain in the left ovary, lasting eight days, when she passed much pus by the bowel. She slowly improved; had a similar attack lasting five weeks. pain and soreness all over abdomen, again discharging pus by the bowel. This is repeated at each menstruation. How would pregnancy influence the malady?

N. W., Okla.

All the diagnosis that I can make is pelvic abscess, which may or may not come from the tubes. Your choice lies between these two: First, to have an abdominal surgeon open the abdomen and do what he finds necessary; or, second, to put her upon calcium sulphide, seven grains a day (not granules), to stop the suppuration; strychnine arsenate gr. 1-30, quinine arsenate, gr. 1-6, every two to four hours to build up her constitution and help to throw off the disease; and finally, Nuclein (Aulde) two to six minims every two hours, for the same purpose. Keep her bowels empty and feed well. Let her be in bed whenever it causes pain to rise.

If she became pregnant she could not but

be worse.-ED.

A mother, 38, for six months has Query 820. had right ovarian pain, worse during menses, with complete suppression of urine for 12 hours, then passing dark urine. Before the attack the urine is clear as water and must be voided frequently.

This occurs several times each month. The uterus is enlarged, cervix lacerated, right ovary tender. W. A. T., Ills.

Treat that lady's paroxysm by hyoscyamine, aconitine and strychnine arsenate, one granule each every ten minutes until effect. Perhaps if she seems weakly you had better substitute cicutine instead of the aconitine. In the intervals reduce the uterus by glycerin tampons, sew up that lacerated cervix, and if tenderness still continues apply tampons of cotton saturated with Bovinine. suppression of the urine occurs from spasm, I think, of the renal arteries. I believe you will get better results from this than from . the treatment you mention. The pale, irritating urine calls for nitric acid.—ED.

Query 821. A husband, 50, following influenza, has had dizziness headache, nausea, impaired sight, and difficulty in walking. Rex.

No, I do not think this a case of ataxia, but rather of that spinal depression so often seen after influenza. Empty his bowels and asepticize them. Stimulate the spinal cord with strychnine arsenate, gr. 1-30 three to seven times a day; restore his digestive apparatus by quassin, three granules, and a Caroid tablet, before each meal; and insure sound sleep by a small dose of hyoscine, gr. 1-500 to 1-100, at bedtime.—ED.

Query 822. A. B., 43, 23 years saloon-keeper and constant drinker, though rarely to excess; at 38 changed to mining; worked in a very wet mine, used from the mine for drinking and cooking purposes, water strongly impregnated with arsenic, antimony, iron and probably other minerals; health began to fail at end of year. First symptoms, indigestion, constant, severe pain in muscles of back from kidneys up to shoulder blades

He tried Hot Springs without benefit; could not endure hot water above hips, would faint if hot water came above hips.

Shortly after return both legs became affected with involuntary muscular twitching, at times very severe, both legs and right hand partially paralyzed, could walk but had little control of legs, which were numb from feet to knees, right hand also numb, could be burned almost to blistering without pain; could not walk after dark, if he closed his eyes while standing, in the day time, would fall to the floor.

My diagnosis was locomotor ataxia. There was a history of syphilis fourteen years before, promptly treated and apparently thoroughly eradicated.

Improved a little, but not fast enough to satisfy Under iodides the patient rapidly grew His digestion is bad, appetite variable, at times sharp lancinating pains commencing above the kidneys and running clear through the body, first on right side, then on left, often changing to just below the shoulder blades, on one side and then on the other.

The muscles of the back are swollen and painful; no pain or tenderness of spine on pressure, constant pain (not severe) in hips and small of back, bowels constipated at times, at others re-laxed, sometimes act involuntarily, at such times

passes clots of bloody mucus.

In Los Angeles he would occasionally have sexual connection, after which, if not indulged in too often, he would feel much better in every way for two or three days. His brain appears to be affected, loss of memory, inability to concentrate his thoughts, etc.

Present treatment: Caffeine gr. 1-6, six gran-ules three times a day strychnine hypophosphite gr. 1-134, and calcium hypophosphite gr. 1-6, four each three times a day; strychnine arsenate and quassin, three of each before meals; W-A Intestinal Antiseptics and Nuclein, with saline laxative, q.s. mornings. Three days ago I applied a jacket of Antiphlogistine to the spine and muscles of the back. This promptly reduced the swelling and relieved the pain, but it caused profuse perspiration which appeared to weaken him.

What is the disease? Is it curable? What treatment would you recommend?

J. M. M., Cal.

The disease is myelitis, not necessarily ataxia, although it may be; prognosis very Apply Antiphlogistine to his back; continue the present treatment, which is very good; and investigate his bowels, where there may be impaction in spite of your laxatives. Also examine his urethra, for you may have stricture there, or some other trouble which is doing harm. While you are doing this, examine his rectum. If you have a static machine, use it also. I believe that among the less known alkaloids of opium there may be found a valuable remedy in these cases, probably laudanine; but they are not used and cannot well be obtained. If you can take laudanum and have the morphine extracted, give the remainder, pushing it up to the full toleration.-ED.

Query 823. I send blood from a man aged 60, with aphasia and partial right hemiplegia, of nine months' duration. A second attack followed in three months, after coition. The history and symptoms indicated cerebral syphilis. Treated by strychnine and mercury, changing to Mercauro under which he has improved.

M. A. B., Ariz.

The leucocytes are deficient and those present are of a mixed type of the lymphocyte. polynuclear and large mononuclear forms.

the polynuclear being the predominant. The leucocytes are devoid of granular matter

both in nucleus and protoplasm.

I think that your diagnosis is correct and would suggest a continuation of the treatment, as far at least as the Mercauro is concerned; but by all means give this man Nuclein and that in full doses, from two to six minims four times a day; or what would be better yet, ten minims injected hypodermically twice a day.—ED.

Query 824. I am certainly holding mv own. I have no cough or sweats, expectoration or bacilli; appetite good, bowels regular, but there is still some pain in the right chest and enlargement of the lymphatics. I feel like warking ten miles a day. I am using the treatment outlined by Dr. Waugh in the CLINIC. Now I have six months leave of absence, and wish to know how I can best utilize it. I have thought of the British Isles, the pineries of northern Canada, the Bermudas, Colorado and Arizona, and the country near home.

H. B., Ohio.

Go to Colorado, and as the weather grows cooler drift to the south, living in a tent, or as much in the open air as possible, passing into Old Mexico to Oaxaca if you find the food and other conditions to your liking, or taking steamer for Porto Rico or Peru for the cold season.—ED.

Query 825. A young husband has premature ejaculation, and occasional hematuria, the loss of blood leaving him quite weak.

J. F., Ala.

Apply europhen-aristol-petrolatum to the prostatic urethra three times a week. Give internally hydrastinine, seven granules a day, and at the time the hemorrhage appears give oil of erigeron, five drops every four hours.—ED.

Query 826. A maiden, 35, healthy till ten months ago, when her food began to distress her; with cardiac tenderness, loss of flesh; can only lie on one side for the pain, no fever; flatulence, itching, gnawing feeling in stomach, little appetite.

J. E. B., Iowa.

If this a case of cancer it appears at an unusually early age. The absence of fever is also against this theory. Is the pain continuous or paroxysmal? Is it made worse by eating, and how soon after meals? Does she vomit? As described it may be cancer, gastric ulcer or gastralgia. The chances are that it is ulcer, as the pain on lying on the side points to that, and none of the other symptoms is inconsistent with that diagno-

sis. Keep her bowels regular with the Anticonstipation granules, and give two W-A Intestinal Antiseptic tablets in a pint of water an hour before each meal. Relieve the acute pains by a small hypodermic of morphine over the stomach. Feed by the rectum alone for a week, and then give only the raw white of egg by the stomach for another week, then add Bovinine and other foods as you find they agree. If the pain is accompanied by acidity and pyrosis, give black oxide of manganese.—ED.

Query 827. A man, 46, seized a month ago with pain in the knee, nearly falling. There is now a hard lump there, size of a chestnut, freely movable, tender.

W. M., Ala.

The sudden attack and comparative chronicity of the symptoms since would lead me to believe this a case of dislocation of a cartilage. I am open to conviction, however, if any one has a better explanation to offer. A firm or elastic bandage might give relief, and the inunction of oleate of mercury subdue the inflammation.—ED.

Report on Query 168. The patient has been taking copper arsenate gr. 1-100, and strychnine arsenate, a granule at meal times, for some time; he has a splendid appetite, is strong, and has been working very hard. The lump in the pit of his stomach can be plainly felt.

For cramps and cholera morbus caused by indigestible food, I know of nothing better than a

cup of hot, strong coffee.

Pescadero, Cal. Frank Pollard, M. D.

Answer to Query 731. If B. L. will try cocaine crystals gr.ss every two hours, by the mouth, for his case, he will be very much pleased with the result—when he stops the morphine.

T. S. H., Conn.

Report on Query 754. My wife's eyes have been examined by an oculist who informs me that he can discover no signs of glaucoma. He fitted her with glasses (for far sight) and she seems to be vastly improved.

C. E. B., Neb.

Query 828. I am 32, had asthma from 2 to 16, then colic to 20, obstruction of the bowels, leaving a soreness at the end of the transverse colon, and piles; also fibrillary twitching of the muscles, not confined to any set, worse after hard riding. In January I had influenza with scanty urine and the latter has returned since June, with aching back. The urine starts slowly at night, the stream forked or twisted, the urine burning but at

other times it is normal. There is puffiness under my eyes in the morning, subsiding later.

I judge that your kidneys are somewhat affected, although not beyond the reach of medical treatment. Make up your diet with little meat, and take a teaspoonful of Saline Laxative night and morning enough to move the bowels twice a day. It is possible that you have a urethral stricture. You had better pass a sound and see as some of your symptoms would indicate it. Examine the urine for albumen.—ED.

Query 820. A lady has been ailing for years, very anemic, gums and nose bleed readily, menses too frequent, constant headache at vertex, insomnia, general debility, chills on alternate days for two spells of two weeks each, with sick headache and diarrhea, morning diarrhea before the chills and every day since, gastralgia at times; lungs, kidneys and bladder normal. I send specimen of blood.

O. F. W., Ind.

The leucocytes are decreased and staphylococcus is present, in addition to the anemia. I would advise in this case iron arsenate gr. 1-67, and nuclein, one tablet, given every two hours while awake; also of calcium lactophosphate, seven granules a day. During the time she is bleeding I would give her calcium chloride, 20 grains a day. Let her also have hot salt baths daily, the skin being rubbed until it is rosy; good food, and keep her bowels regular with Saline Laxative. I think that with this she should be cured, as there is no evidence of organic disease beyond the condition of her blood. For the pyrosis give manganese oxide, bismuth salicylate sodium bicarbonate, and cerium oxalate.-ED.

Query 830. Give me a remedy for the peculiar odor from the axilla during warm weather. Two young ladies are so badly affected in this way that you can smell them across the room on a hot day, no matter how much soap and water they use.

J. B. W., N. C.

I would suggest the use of zinc stearate, obtained from McKesson & Robbins of New York, with five per cent of salicylic acid. Powder well with this and I think you will find it answer nicely. If not, apply a solution of chromic acid, beginning with two or three grains to the ounce and increasing until you get the effect. I have never tried formalin, which reduces the skin to a leather-like condition, but it ought to be of use.—ED.

Query 831. A woman, 31, always weakly, right arm and leg heavy, numb, and painful, rests poorly, cannot hold anything well, has occipital headache, sight poor, eyes hurt on reading, dizzy on stooping or turning quickly, pain in liver, worse on pressure, has spells of twitching muscles, legs flexed, and jerking.

A child 14 years old has periodic bleeding from the nose, at times profuse, slight leucorrhea, the hemorrhage vicarious.

A. M. R., Ill.

What that woman needs is building up. It is a good case, Doctor, for rest, high feeding, nuclein, the tonic arsenates, and the local use of hot cod-liver oil, rubebd in wherever she has pain.

In the case of vicarious menstruation, give her some powerful emmenagogue, like those sent out by the Abbott Alkaloidal Company, about two or three days before the period is expected. While she is bleeding at the nose inject into the nostrils chromic acid, about one grain to the ounce, and increase as necessary, till it controls the hemorrhage. Keep her bowels active with aloes.—ED.

Query 832. A boy of 12 is unable to retain his urine by day or night. He gets better on treatment but does not get well. The urine is alkaline and very odorous.

F. N. B., La.

Tell the boy's mother to take him up just before going to bed and let him be taken up the first thing in the morning. He should have a dry supper, nothing to drink afterwards. Give him atropine at bed-time enough to produce the full effect-dry mouth and dilated pupils. In the morning give him plenty water to drink. I think a few drops of nitric acid, five drops of diluted acid before each meal in water would be of use. Sometimes a switch is of great value in the treatment of such cases. But best invigorate him by cold salt baths, tincture of iron and outdoor exercise, and examine him for reflex irritations.-Ep.

Query 833. A man had gonorrhea in June, threads still appear in his urine, has rheumatism in knee and wrist, and some headache.

C. W., Ind.

Give calcium sulphide, seven grains a day or to saturation, and inject into the prostatic urethra a solution of silver lactate, half a grain to the ounce, twice a day for three or four days. If not well then, follow with the europhen-aristol-petrolatum, injected once a day until the patient is well.

—ED.

Query 834. A maiden, 23, healthy, regular, no sexual appetite or care for men, constipated, worse if bowels are not open. She cannot bear the least excitement, cannot even talk with her dearly-loved father without spasm of the throat, head or chest, dyspnea, or spasm in the epigastrium, relieved by rubbing. The spasm is present much of the time, but is induced by talking or eating, or a noise. No fever, no heart-disease, urine and bladder normal. She attributes her malady to treatment for amenorrhea following influenza, years ago. The uterus was dilated and emmenagogues given, which made her feel stiff, almost rigid and cold. She only became regular when she began to ride a bicycle. The mother sleeps with her and assures me she does not masturbate.

A. B. B., Cal.

I have read your letter very attentively, and in spite of what her mother says, believe it is a case of sexual perversion. What can you do for her? Regulate the bowels with the Eclectic Hepatic tablets. Combat the spasms by glonc..., given to effect, and give her nuclein, about 20 minims a day; strychnine arsenate I-30 gr., three times a day. I believe it will also be an advantage to have the abdomen rubbed well with melted lard once a day. As an addition for the trament of the sp.sms I would suggest ammonium valerianate, a twenty-grain dose, dissolved in water.

I would insist on a thorough examination under an anesthetic, and ascertain for your-self the present condition of the bowels and genitals. The fact that they were in good condition at some previous time does not show that they are in good order now.

That Phospho-albumen helps her confirms the impression I receive from your letter. If not soon helped that girl's mind will give way, so that you should insist on the examination, which should be thorough and therefore done under ether or chloroform.

—ED.

Query 835. A youth had his leg crushed, amputated, healed nicely, but on the 26th day the fever rose to 105 at noon, and has since been above normal, the course irregular. There is no tenderness in the stump or sign of pus. Is the fever of nervous origin? W. H., Oregon.

The temperature may be due to auto-toxemia. Clear the bowels thoroughly and render them aseptic, using Saline Laxative and W-A Intestinal Antiseptics. With this I would use either the Triad or Defervescent, according to the condition of the pulse, the Triad probably being necessary. I should look out for a streptococcus infection, and hepatic abscess as a possibility in the case.—ED.

Query 836. A man, 22, overheated in the summer, seized Sept. 15 with supposed typhoid fever, with the following symptoms: Vomiting, severe shooting pain all over the head, eyes injected, sore and painful, weakness, temp. 103 to 104 degrees, rapid pulse, felt as if the blood did not circulate through his head and upper body, irritation of the bladder, senses over-acute, no diarrhea, no eruption: ill three weeks, vomited all he took, tongue large. In three months he developed general paralysis and loss of the tactile sense. He now has muscular atrophy, paralysis of legs, reaches with a jerk as the inhibition is imperfect, speech indistinct and slow, mouth and head drawn to one side, reflexes increased, pupils dilated, cannot stand alone without falling forward, urine heavily loaded with sugar. N. H. S., Minn.

Your case seems to have been one of meningitis, probably not the epidemic variety. The indication is clear: First, strontium lactate, 40 grains a day, for the diabetes; second, nuclein solution, 20 minims a day, to promote cure; third, iodoform, 10 granules a day, to cause absorption of the products of inflammation. This, with proper diet; and where the muscles are atrophied or paralyzed, rub every day with hot cod-liver oil or goose-grease.

The case at the best will be chronic, and the prognosis is grave, though at his age there is hope for a stout heart.—En

Query 837. Our patient with ulcer of the stomach is about well. Many thanks for your assistance. I have another patient with gonorrheal rheumatism, sick two months, one joint affected, hand very much swollen, have opened it two or three times. It did not run much. B. L., Ky.

We are very glad to hear that your patient with ulcer of the stomach has improved so nicely. We are not always so fortunate. But when it comes to gonorrheal rheumatism, we have more confidence in our therapeutics. Give her calcium sulphide, one grain, seven times a day. Do not bother with liniments, Doctor, but keep her bowels open and aseptic.—ED.

Query 838. I have a bad case of paralysis agitans to treat, and I judge by reading your "Therapeutic Hints" that hyoscine hydrobromate might act well. If you can give any information on the action 1 deem it a favor. Do you think it has a tonic action if continued in small doses for a few weeks?

T. L. M., Ohio.

Hyoscine hydrobromate is a pure hypnotic, producing forced anemia of the brain. The drug is best given in a sufficient single dose to produce the desired effect. This usually requires from four to ten granules, gr. I-1000 each.

It has proved the most efficient of known remedies to relieve the shaking of this disease, though not curative, and no other drug has done even this much. The confusion in the textbooks regarding hyoscine is largely due to the difficulty in obtaining it pure, and there seems some tendency to decompose into atropine, so you must watch it carefully, especially when you get a fresh supply from a different source.—ED.

Query 839. I have a little nine-year-old boy with a head larger and heavier than his body. He has never walked; appetite good, body beginning to grow, with better use of his limbs.

Dr. C., La.

Keep your boy on calcium hypophosphite, five grains a day, for one year. Keep the bowels regular with saline and if necessary add a few Waugh's Anticonstipation granules. Besides this give him iron and arsenic iodides, but no strychnine. Let him have hot salt baths, or at least hot salt rubs, every day, especially on the legs.

If he is thin, give him cod-liver oil.—ED.

Query 840. I have a case of commencing deafness, in a man about sixty, which seems intractable to my treatment; which is, locally, three drops mullein oil in ears every night and morning, and two granules of pilocarpine every two or three hours during waking hours. Can you suggest better treatment? Both ear drums appear intact, except one appears thickened or swollen. W. C. D., Mich.

You do not leave much chance for us to advise in your cases, or to say anything else than "go ahead with what you are doing." I would suggest increasing the pilocarpine, however, until you reach a dose just enough to cause a little sweating; and also take a specialist's look at his nose and throat and see if the eustachian tube and vicinity do not need treatment.—ED.

Query 841. A man had gonorrhea in '87, thought he was cured but later found sore spots in the urethra. followed by cystitis. Will the europhen-aristol-petrolatum mixture meet with this case? How shall I use it? C. S. S., Ky.

Obtain silver lactate, take a long-nozzled uterine syringe, and inject a little of the solution, gr. 1-4, to the ounce, into the prostatic urethra; that is, as far as you can introduce the straight syringe of hard rubber. Use this once a day in the morning, and in the evening inject about ten drops of europhen-aristol-petrolatum in the same way. If

either gets into the bladder it will do no harm but rather good. You can reach the prostate gland better in this way than in any other. Sedate the bladder by hyoscyamine and cicutine hydrobromate, a granule each every two hours and add a granule or two of arbutin each dose to improve the condition of the vesical mucosa. If possibly there are any gonococci in the urine give calcium sulphide, seven to ten grains a day.— ED.

Query 842. A fat man aged 46, excessive tobacco-user, recently noticed shortness of breath and palpitation, with sense of weakness about the heart. M. L. S., Ohio.

Place that patient at once upon the use of cactus or "Cardiac Tonic," a granule every two hours. Keep his bowels active with Saline Laxative, enough to give two or three movements a day. At once reduce his weight, for there is either some overlaying of the heart by fat or some interference with its function. Put him upon the dry diet, limiting the liquid he takes to one cupful after each meal. Make him eat his food dry, chewing thoroughly, and allow no eating between meals. Do not be in a hurry to order exercise. Let him increase his exercise very gradually. Let the diet be nutritious.—ED.

Query 843. A girl, 17, pupils slightly dilated, hands and feet cool, pulse weak, tongue small, breath bad, constipated, urine a pint in a day and night, s g. 1030. menses absent for 14 months, no pelvic disease found, melancholy, really partly crazy, not anemic.

J. L. B., Neb.

Empty that girl's bowels by the use of the Eclectic Hepatic tablets, one every two hours, and two or three colonic flushings with hot soap-suds; then keep the bowels regular and aseptic with the same tablets and the W-A Intestinal Antiseptics. When this is thoroughly done the girl will recover her reason.—ED.

Query 844. An obstinate case of gastro-intestinal catarrh has resisted all treatment. She is 45, not past the change, has pain in the stomach, bowels, sides and back, constipated, no vomiting, acidity, stomach tender, no fever, sleeps poorly.

W. B., Va.

Empty the bowels by a teaspoonful of Saline Laxative every two hours, and wash out her bowels, as you say, with hot water and zinc sulphocarbolate, flushing the colon

thoroughly. If you do this you will find the strychnine and quassin with nuclein give better effect, because the most of these cases depend on fecal impaction for their primary causation. Diet carefully, and give a glass of hot milk with a Caroid tablet at bed-time.

Query 845. I want to subscribe for some journals devoted to special subjects, and appeal to you

for information.

I want a journal on Physiology, one on Pathology, one on nervous diseases, etc. I am reading four medical and surgical journals, the CLINIC among them, and it is very helpful to me; but I want some special journals, and since I have not the names or addresses of any of them, please inform me in regard to the journals devoted to the special subjects and advise about selections.

L. R. H., Iowa.

I would put down as valuable the New York Journal of Nervous and Mental Diseases, monthly, and the Bulletin of the Johns Hopkins Hospital. There was a Journal of Physiology edited by H. C. Wood, but I do not find it in Rowell's List for '97, nor have I seen it for years.

I believe that you would get what you want more by taking the British Medical Journal or the London Lancet than from

any other single journal.-ED.

Query 846. Please give your opinion in the following: You say, injecting iodine into diseased lung is not dangerous if the operator knows what he is about.

I. What knowledge is it that he must have? 2. Is there any danger in injecting nuclein into the same?

3. What formulas are used by Pepper?
4. What instrument is used for intra-tracheal jections? Is there any special skill required? injections? What is your opinion of injections and inhalation of formaldehyde?

6. What is your opinion of the use of single hypophosphites by Churchill's method?

There is such a formidable list of treatments that I am at a loss to decide which to use in a case of tuberculosis, with best prospect of benefit. J. L. M., Ills.

First: In injecting iodine into the diseased lung a man must know his anatomy and not inject it into one of the great vessels or the heart by mistake. Don't laugh, it has been done.

Second: I see no objection whatever to injecting nuclein the same way. The injection ought to be made into the middle of a tubercular mass.

Third: I do not know what formulas

Pepper uses now, because he is dead. He did use Lugol's solution, but I am uncertain as to the strength. But I should not hesitate to inject the full strength into a tubercular mass.

Fourth: The instruments for intra-tracheal injection you can obtain better from a laryngeal specialist. Write to Dr. Hugh Blake Williams, 100 State St., Chicago.

Fifth: Formaldehyde is still on trial and

any opinion would be premature.

Sixth: I like Churchill's method. It is one leading to precision and single medication instead of the shot-gun principle, and that we are fighting for all the time.

I really have nothing to add to the article published some time ago on the treatment of tuberculosis, but the December number will probably be devoted to that subject very largely and you will get lot of good hints from it.-ED.

Query 847. A woman, 48, past the change, good health, rosy, bright, active, fair feeder, good worker, no pains, no trouble in bowels, bladder finances or feelings, no genital or urinary disease, has hematuria daily, the blood thoroughly mixed through the urine. R. M., Mo.

The blood comes from the kidney, and may depend upon calculus or some other disease of the kidney, whose origin is not shown by the description. We are therefore compelled to treat empirically. A number of such cases of hematuria have been relieved by the oil of erigeron, in doses of five drops every four hours. In one tubercular case it failed, and I obtained much more benefit from oil of eucalyptus.-ED.

Query 848. Please advise in reply to the following document: "I am not eny better when i make watter it burn me so i cant hardly stand it so red & strong i think the piles i have such pans & burn i have such a bitter aste in my mouth i think they is something groing in my stomach & i cant eating enything it stays in the upper part of my stomache when i drink watter i try to throug it up i am sore when i make watter & just a little at a time i am affel weak i burn all over everything i eat comes throug me hole i cant take them capshoes for my bowels the cramp me my monthly came on satturday i could not sleep any pains."
W. E. J., Mo.

The letter is a "corker." The woman may have a recto-vesical fistula, or cystitis. really do not seem able to make any other diagnosis out of it. Maybe some of our friends in the CLINIC can do better.—Ep.

Query 849. About a month ago I wrote you about my asthma. Well, as soon as I left the country and got back to Pittsburg my asthma left me entirely. Can you account for that? I can't. Your treatment relieved me some, but I found more relief in glonoin, gr. I-100 during the attacks.

S. M. R., Pa.

Asthma usually is less active while the patient is breathing the smoky air of a city such as yours, and this is a valuable indication in the treatment. While glonoin acts more promptly than strychnine the effects are not nearly so permanent; hence I prefer the former for relief and the latter as a cure.

—ED.

Query 850. I have been in low health for nearly a year, able to do little practice, and think of taking a special course in some Polyclinic during the winter. In my feeble health and with my thin southern blood, would it be advisable for me to attend a northern college. Would Chicago be too cold for me?

G. M. J., Texas.

There are several advantages in your attending post-graduate school in Chicago this winter. Firstly, the bracing effect of the cold, which you could stand, and you would find exceedingly beneficial. Secondly, our houses are thoroughly warmed; a thing that does not seem to be understood in the South. Thirdly, I believe that nowhere else can you obtain so much practical information in the same time, for a man must be practical in Chicago or he starves to death, a condition that does not obtain further East.

The best way would be for you to come here and let us have a talk with you, to see exactly what you most need, and we can put you in the way of getting the greatest benefit for the least expenditure of money.—

Query 851. Our patient with gonorrheal rheumatism is improving but little. The pain is better but the joints are still swollen some.

I have another patient 35 years old with menorrhagia. Her changes have been coming every two weeks. Now every three weeks. How do you treat this trouble?

How do you treat chills and fever?

B. L., Ky.

Push the calcium sulphide still further until the patient smells of it pretty rankly. Also add arsenic sulphide, seven granules a day.

As to the menorrhagia, I cannot of course tell you what local treatment is required, but I would suggest the use of calcium chloride, twenty to forty grains a day during the hemorrhagic period, with hydrastinine, seven granules a day, during intervals.

For chills and fever: Break up the chill by thirty to sixty drops of chloroform and twenty drops of oil of eucalyptus; then give twenty grains of blue pill, followed by a saline cathartic; next day twenty grains of quinine, and follow this with quinine arsenate, gr. 1-6, three times a day for a month. Add iron if anemic, and twenty drops of dilute hydrochloric acid before each meal will aid considerably.—ED.

Query 852. How about a case starting with vomiting and diarrhea, headache, pain in limbs, soon unable to walk, rigidity of muscles of neck and back, temperature 103 degrees. When I saw the case my friend was doctoring it for diarrhea. I called it cerebro-spinal meningitis. I used sulphocarbolates for diarrhea and soon controlled it; ice cap, chloral, bromide and at times morphine to secure rest and allay pain; Bovinine, milk and broths for nourishment Case is getting on good, only for some paralysis. Patient, a girl, aged three years. I am using iodide for absorbent effect. It seemed queer to have diarrhea in the start. Was it not complicated by entero-colitis? I have a case of penumonia, am treating according to CLINIC, getting on fine.

The case described must have begun with some specific affection of the alimentary canal with autotoxemia and cerebro-spinal meningitis excited by the toxin generated in the bowels. At least that is the impression gained by reading your letter.

J. G. B., Mass.

I would have used the sulphocarbolates, pushed to the full extent, keeping the bowels cleared by flushing the colon with sulphocarbolate solution, five grains to the ounce.

You are to be congratulated on the recovery of the case. Absorption would probably be furthered by the internal use of iodoform, gr. 1-6, four to ten times a day, following with strychnine in about six weeks.—ED.

Query 853. How would you treat a case of carcinoma of pylorus in a man of 52, diagnosed as such only within the week. Patient ill according to his story only six weeks, yet according to size of tumor perhaps been growing there that many months or more.

A. S. W., Ills.

The later observations on condurango show that it cures some cases that were diagnosed, as gastric cancer by the most skillful diagnosticians. Try it first, failing this operate and remove the tumor or the entire stomach. Will it cure him? Most probably not; but it will give him a period, maybe for months, of comparative ease. Suppose he dies under the knife? Then wait till you are alone in your room, go down on your knees and whisper a fervent—Thank God!—ED.

Query 854. How would you treat a case of chronic hyperidrosis of axilla? This case has been treated for a good while by various remedies usually employed in such cases—without any impression whatever. Patient is otherwise perfectly healthy and normal, thirty years old, medium height, well nourished.

W., Ills.

Axillary hyperidrosis may be relieved by powdering with zinc stearate and salicylic acid. The stearates were introduced by McKesson and Robbins some years ago, but very little in regard to them has appeared in print. The editor has used the above combination with success.

In one case of extraordinary obstinacy chromic acid was used by Dr. Williams, the strength gradually increasing to about 40 per cent. There are a number of remedies that check sweating; such as agaricin, atropine, muscarine, jaborine, and picrotoxin. It may be that when these agents are examined critically they will be found to act on different parts of the body, or in different pathologic conditions, so that we may prescribe each in its own special case. But this is a glimpse into the therapy of the 20th century, whose dawn is only becoming perceptible.—ED.

Query 855. Is the micro-stethoscope advertised in the CLINIC superior to an ordinary binaural, or to the Phonendoscope?

A woman convalescing from typhoid fever has phlegmasia alba dolens. What can be done for it?

C. A. H., Ohio.

Of the three instruments I would prefer the micro-stethoscope, but it is a matter of individual preference. In the case of the woman mentioned I would apply mercurial ointment to the affected area on the leg, keeping her also upon nuclein in full doses, with the tonic arsenates. You must look out, however, for there may be an embolus which will lodge in her lungs or brain or elsewhere, and play the very mischief. You cannot help it, however, but keep her quiet, build her up and trust to the Lord to bring her through safely.—Ed.

her through safely.—Ed.

Reply to Query 672. I have never tried it, but from somewhere away back in the storehouse of memory comes the reply to this question, in the

following: Prick fresh, pure milk into the tattoo marks, in the same manner and to an equal depth as the tattooing was done.

Would like to hear through the CLINIC the result of this treatment if used.

Durango, Colo. H. D. Handy, M. D.

Query 856. What do you mean by giving calcium sulphide to saturation? You must remember that many of the drugs you advise are not described by the text-books, and I often wonder whether I ever studied therapeutics.

O. L. S., Mass.

When calcium sulphide is given to saturation the breath smells of it. Yes, we know how antiquated is the science of therapeutics as taught, and we are now at work on a new treatise that will be up-to-date. Meanwhile, when you do not see what you want ask for it.—ED.

Query 857. Patient 26 years old, general health good, never had any disease, well nourished, married seven years; heart, lungs, liver and kidneys normal; uterus both in size and position normal, has had three pregnancies, each terminating fatally for child. Cause, placenta previa."

She wishes to be treated to ward off recurrence of the trouble should she again become pregnant, which she readily becomes; is very anxious for a living child; does not suffer from constipation, has good appetite, ovaries and tubes normal. Could you kindly advise or outline treatment?

W., Ills.

I don't know. I leave this query to the man who does. Let him show up.—ED.

Query 858. I have used the "Waugh's Anodyne for Infants" and the sulphocarbolates, with perfect success, and am increasing my use of the alkaloids with confidence. What treatment will benefit a case of intestinal indigestion, with chronic dysentery? The man is anemic, has occasional attacks of hepatic colic, ill for three years.

A girl of eight has attacks of flatulence, nervous tension, cries loudly, headache followed by gastric distress, induced by errors in diet. Infants' Anodyne and hyoscyamine, a granule of each every half hour, relieve in three hours. The attacks recur six times a year.

R. W. E., Ind.

In regard to the case of chronic dysentery, I would advise the milk diet exclusively, with small doses of Saline Laxative, about eight W-A Intestinal Antiseptics a day, and alternate each week with eight iodoform granules daily, and eight granules of silver oxide, gr. 1-12. When there is pain and distress I would add oil of eucalyptus in capsules, five drops four times a day. I believe that with this and flushing the colon every day, with two quarts of hot

water containing one dram of zinc sulphocarbolate, you will cure the patient in about three months.

As to the girl, you will not make much impression on her unless you can control her food. Put her on the strict vegetarian diet. Keep her bowels regular with Saline Laxative, or a little Maltine with Cascara.

Follow each attack, treated as you describe, with a full dose of castor oil. As to her neurotic condition, evidently inherited, I believe that the diet recommended, with daily cold baths and judicious moral influences, will work a cure. This is a pretty big contract, but I do not believe she can be cured by medicine.—ED.

Query 859. A man, 40; four years ago a growth appeared on the back of his neck, not defined, no tenderness or redness, has increased til t extends from the spine to the right sterno-mastoid, the upper edge opposite the angle of the jaw, the lower at the middle of the clavicle. It is two inches thick in the middle, sloping to the edges. It is apparently a fatty growth. He has also vitiligo on the face and neck. What would nuclein injections do, or thyroid extract? I have come to regard the Queries as among the best features of the CLINIC.

S. S. S., Conn.

The situation, rate of growth, absence of inflammatory symptoms and the patient's age, point to the diagnosis of fatty tumor. It ought to be removed, before it incommodes its owner or affects any of the important structures of the neck. The injection of nuclein solution would be an experiment here, whose effects I could not foretell, Better insist on the knife.— Ep.

Query 860. A wife, 32, years ago had diphtheria followed by paralysis, and then took on flesh, now weighing 165. Is very nervous, takes trembling spells, numbness and prickling sensations, left side of head feeling asleep, almost continuous aching in the left leg, sometimes attended by cramp.

G. E. L., Ohio.

The indications are to promote absorption of the debris of the malady of the nervous tissues causing the paralysis, by the use of mercury biniodide seven granules, or iodoform the same number, each day; to restore the function of the temporarily inhibited nerves by strychnine pushed to the full limit of tolerance, or by avenine, seven granules a day, for a year, as this agent acts very slowly; to stimulate the circulation in the spinal cord, by counter-irritation or the application of very hot cloths over the spine; and meanwhile to keep up the general

health and the intestinal canal free and clean.—ED.

Query 861. A wife, 49, passed change two years ago and has since had dropsy, tapped twice for ascites and is filling up again.

Keep up her strength with good food, and the tonic arsenates of iron, quinine and strychnine, in full doses; give her two granules of apocynin every two hours, with a teaspoonful of Saline Laxative in a glass of water, and no other drink. If she does not improve in two weeks, lessen the amount of water to a third of a glass.—ED.

Query 862. A girl, 13, has jerking of the eyes whenever she goes into the sunlight. If she looks up at the sun she will fall in a spasm. Otherwise well Has been so all her life. J. N. C., Colo.

Send her to an oculist, and meanwhile put on goggles.—ED.

Query 863. A girl, 21, lifting a tub, the womb prolapsed. I replaced the organ and retaine? it with antiseptic cotton.

J. N. C., Colo.

Did she have on tight corsets at the time? She will of course be liable to a recurrence of the displacement on repetition of the cause, even on slighter straining. Let her avoid this, and wear a support for three months.—ED.

Query 864. What is the best treatment for night-sweats and fever of tuberculosis patients?

M. L., R. I.

Subdue the fever and sweating will cease. Give calcium sulphocarbolate gr. x, four times a day; calcium lactophosphate, gr. xx daily; and half your fever will subside. Rub five drops of guaiacol in lard over the diseased part of the lung. Give two grains of guaiacol and three of piperazin in a capsule three times a day, if the fever does not yield to the other treatment recommended.—Ed.

Query 865. A girl, 13, June last went bathing, contracted a cold, allowed to run on without attention; now has cough, worse in morning; expectoration profuse, yellow at times; anorexia; clammy sweats at night; always tired. Treatment: strychnine arsenate, calcium sulphide, iodoform two granules each four times daily; with nuclein two tablets four times a day. Condition somewhat improved; cough better but still hangs on; sputa decreased in quantity, tough, sometimes containing little lumps like grains of rice; appetite good; night-sweats stopped. Is it chronic

bronchitis? What treatment would you suggest or what changes? J. L. S., Va.

It may or may not be tuberculous. Have the sputa examined. Meanwhile keep up treatment, and use tar inhalations every evening.—ED.

Query 866. A woman, 50, had mumps in February, and has since had excessive salivation, the breath bad, burning pain in stomach after eating, pains in breast and heart, the latter irregular at times.

R. W. S., Ohio.

Give this woman three granules of cerium oxalate, two grains each of sodium bicarbonate, black oxide of manganese and bismuth salicylate, repeated every fifteen minutes until relieved, whenever she has the pain in the stomach. Stop the use of sugar and limit her use of meat. Keep her bowels regular and clean, and you will cure your case.—ED.

Query 867. I send you a sample of urine, with \$2.00, from a woman, 77, who suffers with pain in the rectum and bladder, painful micturition, constipation, flatulence, indigestion. Treatment: Flushing colon; bismuth, pepsin and charcoal; buchu, potassium acetate and acid benzoic for bladder with temporary benefit. There is a rectal stricture. She passes tape-like strings, not jointed; she has become thin. 1 am now washing out her bladder and giving Lithiated Hydrangea, hyoscyamus and salol, and she is easier, but discharges much matter from her bladder.

W. H. N., Kan.

There is not enough of the urine to determine much excepting that it contains a large amount of pus. The discharge is mucus, and the case one of entero-colitis with accompanying cystitis. Give twenty drops of Marchand's Hydrozone in a glass of water half an hour before each meal. Put the patient on bread and milk diet. Give sufficient Saline Laxative in a glass of water every morning early, to move the bowels well, and wash out the bladder every day with half an ounce of hydrogen peroxide and two ounces of warm water. Keep this up for a month and then report. Give copper arsenite, gr. 1-250, four times a day, and wash out the colon with a quart of warm water containing five grains of silver nitrate, once a week.-ED.

Query 868. A man, 30, has nasal catarrh, with constant and increasing epistaxis, the blood dripping almost constantly.

C. F. P., Texas.

Use a nasal douche and wash that man's nose out with warm water, containing about thirty grains of sodium bicarbonate and a tablespoonful of witch hazel to the quart.

Use this every day, and after it inject a solution of chromic acid, beginning with one grain to the ounce and increasing the strength until it stops the bleeding. Use this only in the side from which the bleeding comes. The washing of course is on both sides. Internally give hydrastin, two granules every hour while bleeding.—ED.

Query 869. A woman, 30, has had gastric trouble for two years. At times any food or drink causes distress, at others she can eat anything. Pain excruciating.

J. C. K., Colo.

Your patient's sex, age, the intermittent character of her affection and the severity of her suffering, lead me to diagnose gastriculcer. While the case is not typical, the records of autopsies show that very many suffer with this disease though not suspected

during their lives.

Keep her bowels regular with the Anticonstipation granules, or better with Saiine Laxative, a heaping teaspoonful, or more if needed, in a glass of hot water and taken an hour before meals. Let her diet carefully and when an attack occurs relieve the pain by a hypodermic injection of morphine grain 1-12, or of atropine gr. 1-134 over the epigastrium, stopping all feeding by the stomach and nourishing through the rectum alone, continuing the remedies named and adding silver oxide one granule and cerium oxalate three granules, bismuth salicylate three grains, sodium bicarbonate two grains and black oxide of manganese five grains, every hour until relieved. Sometimes the attacks occur at the menstrual epoch, and may be prevented by a brisk emmenagogue given a couple of days before.—ED.

Query 870. A youth of 20 has spells at night in which he will jump out of bed and run around in a circle, then fall or cling to something till he regains consciousness. This occurred nightly, just as he was getting to sleep, or on rising at 5 a. m., rarely at other times. The spasms have been reduced to three a week by bromides, laxatives and W-A Intestinal Antiseptics. H. S. H., Ills.

The case is one of epilepsy, and had it not been for your excellent treatment it would have before this time developed during the day. I would continue your treatment in all respects, and add to it hyoscine hydrobromate 1-100 grain at bed-time and two granules each of cicutine hydrobromate and gelseminine, four times a day. Examine his urine and see if he is excreting uric acid, and put him on non-nitrogenous diet.—ED.





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# THE CURE OF MORPHINE, COCAINE AND LIQUOR HABITS.

By A. M. McConnell, M. D.

Editor:—I, like thousands of others of our profession, have unfortunately tampered with morphia, with what results it is useless to state, but it was not long before I realized I needed relief. Neither was I long in realizing that hundreds of my brethren were in the same pitiable predicament. I consulted with those of the profession who had never taken the

drug and they gave me no hope. Their advice was to "quit the use of the drug at once." I then consulted with several of the profession who were as "deep in the mud as I was in the mire." and they could only tell of innumerable attempts to gain their freedom, and how a much exploited cure had taken the drug from them by gradual reduction and the substitution of tonics and yet had left their nerve system in such a sore and lacerated condition that they were hardly out of sight of the "institute" before 'they were forced, through pain, to resort to the drug again. They were not cured but reduced. Not only reduced in the quantity of drug they used, but were reduced physically and

financially.

It was not long before I had tried every known cure (?) and finally I applied to a brother physician who had had great experience in treating nerve troubles af all kinds. He prescribed bromide of sodium in very large doses. I continued its use for a month or more. At the expiration of that time the bromide of sodium had produced a condition of universal depression, with poor circulation, and progressively increasing paralysis in the lower extremities. In fact, I was in a state of profound bromism or mental lethargy, and still using morphia hypodermically.

In this condition I consulted Dr. A. W. Wright, a graduate of the University of the City of New York, Medical Department, class '76. He is now medical

director of Old Homestead Sanatorium at Memphis, Tenn. I found in him not only a physician who could cure opiumism and alcoholism, but a man who, having suffered from morphia, was capable of sympathizing with and encouraging those who needed sympathy and encouragement most. There was then under his care a number of physicians. They were from all parts of the United States, and were as happy and jolly a lot of men as I ever saw. Each and every man felt and knew that he was being cured, and during my stay at the Sanatorium I saw opium, morphine, cocaine, chloral and whisky

cases in all stages of treatment. When I entered the Sanatorium I weighed 110 pounds, was using morphia and bromide of sodium, and was consequently, as stated above, in a profound state of bromism or extreme lethargy. At the expiration of four weeks I was entirely free from the use of drugs of all kinds. I was not taking any medicine, either hypodermically or by mouth, consequently I knew I was cured. I slept well during treatment, suffered no pain, enjoyed a good appetite, and gained thirty-three pounds. I now weigh 143 pounds. My circulation is good and I am in a normal condition. It was at the Old

Homestead Sanatorium that Isaw a typical case of cocaine and morphia in combination, and



Showing body covered with abcesses and ulcers caused by use of hypodermic needle.

the victim was little better than a cadaver. After some persuasion he finally gave me three of his pictures which were taken at the beginning of his treatment. Since which time he has favored me with a picture taken since he was discharged as cured. By his permission I send them to you that you may publish them with this article if you desire to do so. The patient is Chas. T. Taylor, of a good Kentucky family; a bright, intelligent man, weighed at beginning of treatment 119 pounds; at close of treatment, 142 pounds. At beginning of treatment he had 1296 abscesses and ulcers; they were distributed over his body as follows:

Right breast, 56; left breast, 49; right shoulder, 42,

right forearm, 82; left forearm, 93; right hip and htigh, 94; left hip and thigh, 118; left shoulder, 67; rihgt arm, 63; left arm, 74; right biceps, 36; left biceps, 34; abdomen, 173; right leg, 82; left leg, 99; right calf, 71; left calf, 63.

By referring to picture No. 3, it will be seen that his entire anatomy was covered with sores. He certainly was a most pitiable sight—in fact, he was without hope, yet, incredible as it may seem, this man is to day a well man, and is working nine hours a day as foreman in one of the largest printing estab-

lishments in Memphis. He reports that he slept well every night during his treatment, that he enjoyed a good appetite, suffered no pain, and has now no desire or craving for drugs of any kind. The horrible condition of this man, both mentally and physically, was known to the leading physicians of Memphis, and it being considered an incurable case, a number of the leading physicians of that city were sufficiently interested in the case to visit the Sanatorium several times during his stay, and they with one accord endorse the treatment

The treatment is varied to suit the peculiar conditions pertaining to different cases, the amount of antidote and eliminator used in each case varying in proportion to the amount of morphine community.

as given this man.

sumed, also varying to the idiosyncrasies of the patients. There is no secret formula. The symptomatic as well as resultant neurasthenic conditions are overcome through scientific application of medicine, measures and hygienic methods known to the intelligent medical world, and the proper administration of the Tri-Elixiria remedies.

My first knowledge of these remedies was obtained through the *Medical Brief*, wherein there appeared an article bearing the endorsement of a great number of the profession. Since that time I have read testimonials from such members of the profession as I. N. Love, St. Louis. Mo.; Willard H. Morse, West-

field, N. J.; E. P. Rand, Huntsville, Ala.; J. M. Rector, Hot Springs, Ark.; Wm. A. Winder, U. S. Indian Agency, Rosebud, S. D.; S. B. Judkin, Blanchester, Ohio, and a great number of others who claimed to have used the Tri-Elixiria remedies in their practice with success.

The confidence gained through the testimonials of these physicians, and the fact that the article referred to above appeared in a medical journal, caused me to visit the laboratory of the Tri-Elixiria Remedy Co., manufacturing chemists, No. 5 Monroe street, Memphis, Tenn., where they prepare these remedies under open formula, for distribution through the profession.

Remedies furnished the profession are iden-

tical to those furnished the Old Homestead and other sanatoriums. They, however, advised me, if it were possible for me to do so, to take treatment at some one of the many sanitariums where their preparations are being used, but if it were not possible for me to take a sanitarium treatment they stated that they would take great pleasure in preparing a course of treatment which would give me a perfect cure at home and would be identical with the remedies used at the Old Homestead and other sanatoriums.

The Old Homestead Sanatorium is nothing more nor less than a home and a place of rest where there is nothing to disturb the mind, no cryings of the insane to set the nerves tingling, no reporters allowed to call and interview or write up patients, no unjustifiable advertisements of any kind are permitted to shame and humiliate those under their care, no padded cells or bars.

The first control of the control of

Patient's condition at expiration of six weeks' treatment, at which time he was discharged as cured.

I was pleased with the surroundings and consequently concluded to place myself under Dr. Wright for treatment, and I now realize that I was very wise in so doing, for I am entirely free from all desire or craving for drugs, and am in a normal condition and consequently a free man once more.

Having been the recipient of such wonderful results from the use of the Tri-Elixiria remedies as administered by Dr. Wright at the Old Homestead Sanatorium, and having seen a number of almost miraculous cures accomplished, I feel it my duty as a physician to make known to the profession my experience, that those who are interested may investigate for themselves, consequently I write this letter for publication, and will take pleasure in answering any inquiries.

Union City, Tenn, Sept. 19, 1899.

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FREE, a copy of our monthly magazine, SUGGESTIVE THERAPEUTICS, devoted to the study of Psychic Phenomena, in their relation to physiology. Scientific and conservative. Strongly endorsed by the medical profession of the United States and Canada. A handsome 80-page magazine, enlarged from 64 pages. It is the only Journal that gives thorough and expert instructions in

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each month, and is absolutely independent of any established School of Psychology. It is not the organ of any one School, but of every good School in America. It is full of original and important matter for the physician, and is designed to be the connecting link between material therapeutics in the form of medicines and

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for use in his daily work. It is the aim of the editor and his large corps of contributors, consisting of experts in this work from every State, to make the Journal of Suggestive Therapeutics very practical and helpful. It **teaches** more than all the books rolled into one. We notice that physicians who have taken our Journal for one year renew when the year is out. It teaches the use of the Law of

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of which the doctor finds numberless instances in his daily round.

TO PHYSICIANS ONLY, remitting us \$1.00, for one year's subscription to our Journal, we send a secret in the form of a prescription, to be used in difficult cases, which will quiet the nerve-centers and speedily permit hypnosis to be induced. We do not publish this secret in our Journal, as the use of drugs by the laity is not to be countenanced, and there are many laymen among our readers. But we will send this secret to medical readers of the CLINIC, with our Journal for a year and a premium book "Somnambulism" teaching how to hypnotize

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A Perfect Antiseptic Should be Effective and Harmless.

# Oakland Hydrogen Dioxid

is theoretically and practically effective and harmless; it contains only one active ingredient, OXYGEN, the preponderating element in the healthy living organism.

It is indicated internally in all forms of dyspepsia and digestive disturbances, butyric fermentation, gastric catarrh, gastric ulcers, etc., exterpally as a local application in the treatment of specific inflammations of the mucous membrane, chronic inflammatory conditions characterized by fetid discharges and wherever morbid conditions or foul secretions exist.

# "THE KIND THAT KEEPS"

MANUFACTURED ONLY BY

# The Oakland Chemical Company,

465 West Broadway.

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# (GUAIACOL CARBONATE--VON HEYDEN) (CREOSOTE CARBONATE-VON HEYDEN)

**\*\*\*\*\*\*\***\*\*\*\*\*\*\*\*\*\*\*

are the most eligible and effective of germicides, and the most vigorous neutralizers of microbic poisons in the intestinal tract. The remarkable results obtained in tuberculosis, typhoid fever, rheumatoid arthritis, etc., are explainable by the great powers of elimination of toxalbumins that these remedies have been proven to possess. They are themselves neutral, non-toxic, and absolutely free from all caustic and irritant qualities.

# (BETANAPHTOL-BISMUTH-VON HEYDEN)

The employment of Orphol, which is a neutral, odorless, tasteless and non-toxic powder, is indicated in all fermentative gastro-intestinal processes, in ptomaine poisonings, gastro-enteric catarrhs, typhoid fever, etc. Practical Intestinal Antisepsis can be effected and maintained by its use Unilite opium, tannin, etc., Orphol in no way interferes with the digestion, so that patients suffering from dyspepsia bear it well. Orphol is soothing to the irritated and inflammed intestinal mucous membrane, besides acting as a continuous disinfectant. It does away with the dangers of caustic or poisonous antiseic substances, such as carbolic acid, naphtol, resorcin, the bichloride of mercury, etc., and the use of complicated and uncertain diarrhoea and

cholera mixtures.

## (TRIBROMPHENOL-BISMUTH-VON HEYDEN)

Xeroform is the ideal substitute for iodoform, being an autiseptic, disiccating and deodorizing agent which is odorless, non-poisonous and non-irritating, with very powerful autibacterial properties. Xeroform has been employed by Drs. Heuss, Cumston, Grünfeld Beyer, Metall, Paschkis, and many other observers, in the most varied surgical affections; for operative procedures, amputations, enucleations, and cancer operations; for suppurative bursitis, lymphadenitis, and alveolar periositiis; for paronychias, deep abscesses, and suppurating buboes. In veneral diseases it has been extensively employed in the treatment of chancroid; and in dermatology for impetigo, furunculosis, sycosis, eczema and pruritus. It has also been successfully used in ophthalmic and gynacological practice, and for insufficion into the nose and ear. Its fine pulverization enables the physician to cover a large surface with a very small quanity of the drug.

SCHERING & GLATZ, 58 Maiden Lane, New York,

Literature furnished on application. SOLE AGENTS FOR THE UNITED STATES **F**EREBERBERBERBERBERBERBERBER

# <del>ਖ਼ਫ਼ਫ਼ਖ਼ਖ਼ਖ਼ਖ਼ਖ਼</del>\*\*\*\*\*\*\*\*\*\*\*\*\* PRACTICAL POINTS

"THE PETROLEUM IDEA."

Especial attention is directed to the two page advertisements of the Angier Chemical Co., which appear on pages XXIV and XXV in the front of this issue. "The Petroleum Idea" is readily and effectively presented and well worth turning to.

The physicians of old called the digestive canal the "Primae Viae," i. e., the first paths of life, for there the life-sustaining food is prepared for the fluid of life, the blood.

And the first path to sickness and death is also in the digestive canal. There is no organ in the body which does not suffer when this organ is out of order, and hardly is there an organ in the body that does not suffer when the digestive canal is

out of order. And yet it is not wise to run after a fly with a sledge hammer, something less than that will also If you are constipated you need not a cathartic to scrape and wring your bowels. If you do, it will tire out the poor bowels, and they will not act healthily for some time. Take such a good thing as a Kilgore's Cascara Compound Tablet, according to direction. It is colar to be according to direction. according to direction. It is only a laxative, it will gently liquefy the hard feces and stimulate the liver, and acting kindly upon the circular fibres of the intestines, it will help nature, and not vex it in correcting what has to be corrected. and when nature is helped when needed she will then help herself, and you too.

#### AN EXCELLENT TONIC AND HEMATIC.

John M. Allen, M.D., LL.D., St. Louis Medical College, 1854; President of the Faculty and Professor of Principles and Practice of

of Medicine, University Medical Col-lege of Kansas City, Mo., etc., etc. "I have used the samples of Sanguiferrin you were kind enough to furnish me, and results have hematic.

## BY (BUY) A SIGN (AND) YOU ARE KNOWN.

Every doctor should have a good office sign. One that is dignified yet conspicuous. The right sign is an effective advertisement, running "till forbid." It is about the only kind of general ad-vertising that a physician can do. Yes, by all means have a good sign.

You can obtain the right kind of a sign for your purpose at the right price from one of our advertisers-Rawson & Evans, 151 W. Washington St., Chicago. This firm manufacturers the most complete line of glass signs in America. They furnish out-of-town doctors with a full-sized drawing of the sign design for approval furnish out-of-town doctors with a fulland with their numerous sign styles to select from the doctor is sure of obtaining what he wants. If you need a sign or wish to make an improvement on the old one send to the above address for catalogue, state just about what you want and mention THE ALKALOIDAL CLINIC.

Since their introduction the Hypophosphites have firmly maintained their hold on professional and popular confidence and to-day are prescribed alone and in combination by more physicians than any other remedy. This is strong testimony to their superior worth, because of their fine tonic and constitutive properties which have been and will continue to be a means of relief and strength to thousands. McArthur's Syrup Hyphosphites (Lime and Soda) Comp. is a reliable preparation worthy of trial. If a stimulant is needed you may add it. It isn't there when you do not need it, as McArthur's Syrup is simply a tissue builder, a permanent tonic.

#### WOULD NOT TAKE A HUNDRED DOLLARS.

The manufacturers of the Peerless Automatic Battery are in receipt of a recent communication dated Oct. 13, 1899, from an Indiana doctor which speaks for itself. Gentlemen:-

"I write to inform you that I am more than

"I write to inform you that I am more than pleased with the Peerless Battery. I would not take \$100 for it if I could not get another."

Dr. M. W. Yencer, Boston, Ind.

This Battery is made by the Peerless Battery Co., 221 Fifth Av., Chicago. If you need a battery, if the old one you now have is not satisfactory write them about the "Peerless."

#### LOW PRICES.

Drake & Drake, makers and dealers in surgical instruments and physician's supplies are located out of the expensive down-town Chicago district. out of the expensive down-town chicago district. The large rents, etc., which this firm escapes enable them to sell at a minimum. This is an excellent reason why out of town doctors can deal with Drake and Drake to advantage. Address them 299 Ogden Av., Chicago. Write them about anything in the surgical instrument line and refer to the CLINIC.

#### CLOTHES.

The personal appearance of a doctor is important. Good clothes are essential. E. O. Thompson's Sons, 1338 Chestnut St., Philadelphia, are one of the first tailoring establishments in America. For may years they have made a particular feature of tailoring physicians. Their prices are within reason, in fact very moderate and the work and materials always all right. Write, referring to the CLINIC, for a sample of their \$18 physician's sack and \$18 overcoat, and for \$20 walking coat suit. (CONTINUED ON NEXT PAGE)

#### NO DIFFERENCE.

# A Famous Physiologist Makes a Pointed Statement.

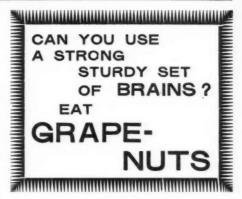
A famous physiologist says:

"Coffee-drinking of any kind, and teadrinking likewise are mere habits. And they are the same as the alcoholic habit, as poisonous in a way, but not so deadly. The chemical elements in coffee and tea are exactly the same, and the effect on the nervous centers the same. They create unnatural nervous excitement. Alcohol goes a step further and paralyzes the living cells. Black coffee contains this deadly poison as surely as cafe au lait."

Everyone agrees that tea and coffeedrinking undermines the system and produces nervous prostration, dyspepsia and stomach disorders, but thousands go right on using them just the same. There is, however, a great army of people who are mindful of their health who are using Postum Cereal Food Coffee. This food drink is made of nature's grains and builds up the systems that have been impaired by the use of tea and coffee. Postum is not a substitute for coffee but a pure food drink recommended by the best physicians in America. Grocers sell it at 15 and 25 cents a package.

Physicians can secure a strong ally in Postum Food Coffee when coffee is contraindicated. The coffee habit is powerful and cannot readily be broken off, unless some morning beverage of much the same color and taste is supplied. It is not enough to simply furnish a substitute, but in Postum Food Coffee the user has the advantage of powerful food elements, selected with a scientific hand, which will rebuild and replace the broken down nerve centers.

The physician prescribing Postum Food Coffee works at both ends of the line, obtaining the beneficial results of a discontinuance of the cause of the trouble (in many cases) and administering to the patient remedial food of the proper character.



A MAN SAID.

"I don't believe you can arrange food so that it will go to rebuild and nourish the brain. Grape-Nuts is a most delightful tasting food, but I can't understand how you expect any certain food to be appropriated by any certain part of the body."

A good honest skeptic and well worth attention.

Actual results are better than any theory pro or con. Grape-Nuts are being eaten by millions of Americans and any interested person in any city of America can satisfy himself by questioning his neighbor as to the result of the use of Grape-Nuts.

The testimony is given over and over that after 10 days use there comes a feeling of strength, sturdiness, clearness of intellect and power of the mind that is unmistakable.

There is a reason.

Thinking uses up each day parts of the filling of the cells in brain and Nature demands albumen and natural phosphate of potash (not from the drug store) to make new the soft, jelly-like substance which is used as the filling of these brain cells.

Grape-Nuts contain these elements direct from Mother Nature and prepared in the form of a most delicious and dainty food, practically pre-digested and quickly absorbed into the system.

The hard, stubborn facts are that Grape-Nuts do build brains.

## PILL CASCARA COMP. ROBINS IN TEN CASES.

Following is report of use of Pill Cascara Com-

pound Robins—"stro g" in a number of cases:—
No. 10: "I gave a lady nurse six three times
a day and ten at night. She was a very difficult case to manage; the effect was very satisfactory and comfortable."

No. 11: "I gave a patient at the Hospital two every two hours till he had taken twelve, then three every three hours till he had taken nine more: the effect was so satisfactory that he wrote me, after reaching home, to know what kind of

pils I had given him."

No. 12: "I like very much, both for dyspeptic tendencies and constipation. Wherever the patient is a stranger, I give one every hour or two, till I find the number required."

No. 13: "I both use them in my practice and take them myself with a great deal of satisfaction."

"This is the very formula I have been No. 14: looking for; have been taking a pill containing strychnine and belladonna for twenty years; my nerves have all gone to rack, and I feel that I have made a big mistake.

"They are especially valuable on ac-No. 15: count of having no unpleasant after effects. It is good.

No. 16: "I like your formula. am glad you left out belladonna."

No. 17: I like them in dyspepsia very much. They act very nicely. I sometimes take them myself."

No. 18: "They are a very satisfactory pill to se. My wife thinks there is nothing like them." "They suit us better than any pill we No. 19:

can find.

Samples and literature of Pill Cascara Comp. Robins can be obtained by writing to A. H. Robins, 200 E. Marshall St., Richmond, Va.

## SANMETTO IN ANEMIC UNDEVELOPED YOUNG WOMEN.

I have used Sanmetto with profit in a case of a young woman who was troubled with a very irritable bladder and urethra, caused from an excess of uric acid crystals in the urine. The San-metto accomplished what I did not expect. The mammæ had never developed very much, nor the chest and shoulders. She was also quite anemic. I gave her a bottle of Sanmetto with no apparent improvement except toward the last she felt a little more vitality. I then procured another bottle at the drug store here and gave her about half of it. There is now a marked improvement in her general health, the mammæ are about double the former size; her shoulders and neck are becoming the uric acid crystals as yet.

F. E. Doane, M. D. very much better. But nothing seems to dissolve

## INSTEP ARCH SUPPORTER.

An effective arch supporter for relieving and rectifying flat feet is made by George C. London, 62 Sudberry St., Boston, Mass. It is used to advantage in weak ankles and many malformations of the foot. Write for circulars, mentioning this notice in the CLINIC.

#### LATEST ECLECTIC BOOKS.

A list of the latest and most important edectic works appears with prices in the one-half page advertisement of the Scudder Bros.' Co., 1009 Plum St., Cincinnati, Ohio, which can be easily found in the advertising pages of this issue of the CLINIC. If interested at all in Medical Lit-erature of the kind look up this ad. and write the Scudder Co., mentioning the CLINIC, of course.

#### A SUBSTITUTE FOR SUGAR IN DIABETES.

Notwithstanding the large number of remedies brought forward from time to time for the cure of diabetes, the dietetic treatment still continues to occupy the most important part in the management of this disease. In view of the fact that in severe cases the use of starches and sugars is absolutely interdicted, much ingenuity has been exercised in devising substances which would re-place these foods. While the attempts to produce substitutes for starchy foods have not been very successful, much has been accomplished in the discovery of artificial sweetening agents, which enable the patient to gratify his craving for sugar , without producing the harmful effects of the latter. Among the sugar substitutes sycose represents the latest stage in the evolution of a perfect product of this kind. It has a sweetening power 550 times greater than that of cane sugar. Owing to its chemical purity, its freedom from the inert matter found in other substitutes for sugar, its pure taste and solubility, it is emi-nently adapted for medicinal use. Sycose is therefore well worthy of a careful trial in the treatment of diabetes and of all other diseases in which the use of ordinary sugar in any form is contradicted.

#### ALKALOMETRY IN THE SOUTH.

I have received and examined your "Helpful Hints to the busy doctor." You have my sincere thanks for it, first, because I am on the road and much interested in Alkaloidal Medication; second, by your painstaking, earnest and continuous labor, you have achieved a great work for the profession. Long may you live to bestow your best talents on a cause or method I believe to be Yours faithfully, J. F. CLEVELAND. right. Again I thank you.

-: 0:-

Physicians not having received a copy of "Practical Hints" can obtain a copy by addressing the Abbote Alkaloidal Co., Ravenswood Station, Chi-

The Alkaloidal Co., Chicago:

Everything you handle seems to be first-class and it is for this reason that I am ordering a satchel case of you. Kindly select one for me Yours truly, Dr. F. C. G. that is perfect in every way. Pennsylvania.

(CONTINUED ON NEXT PAGE)

